

# PROPOSED

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FORM APPROVED  
O.M.B. No. 3220-0012

UNITED STATES OF AMERICA  
RAILROAD RETIREMENT BOARD

Employer's Quarterly Report of contributions under  
the Railroad Unemployment Insurance Act  
This Report is Required By Law - 20 C.F.R. 345.5

Click for Instructions

Calendar Quarter and Year

Employer Number  /

Check appropriate box for report status/method of payment

Final Report     Check/Money Order     Electronic

Co. Name

Address

Address 2

Electronic Form DC-1 will be filed with:  
CHIEF FINANCIAL OFFICER  
U.S. RAILROAD RETIREMENT BOARD  
844 N Rush Street, Chicago, Illinois 60611-~~2090~~ **1275**

City  State  Zip Code

	Month BA-4 Prepared (a)	Year Adjusted (b)	Amount of Compensation subject to contribution (c)	Contribution Rate (d)	Amount of Contribution Due (e)
1. Current Reporting Period	<input type="text"/>	<input type="text"/>			0.00
2. Compensation Adj. Reported on Form BA-4	<input type="text"/>	<input type="text"/>			0.00
	<input type="text"/>	<input type="text"/>			0.00
	<input type="text"/>	<input type="text"/>			0.00
	<input type="text"/>	<input type="text"/>			0.00
	<input type="text"/>	<input type="text"/>			0.00
	<input type="text"/>	<input type="text"/>			0.00
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	<input type="text"/>	<input type="text"/>			0.00
	<input type="text"/>	<input type="text"/>			0.00
	<input type="text"/>	<input type="text"/>			0.00
	<input type="text"/>	<input type="text"/>			0.00
	<input type="text"/>	<input type="text"/>			0.00
3. Total			0.00		0.00
4. Corrections to prior Form DC-1	1. <input type="text"/>	<input type="text"/>			0.00
	2. <input type="text"/>	<input type="text"/>			0.00
	3. <input type="text"/>	<input type="text"/>	0.00		0.00
5. Total			0.00		0.00
6a. Interest Penalties	Month <input type="text"/> / Year <input type="text"/>			7. Report Total	0.00
		6b. I/P Total			
8. Amount of Remittance					0.00
9. Preparer's Name	<input type="text"/>				
Telephone No.	<input type="text"/>				

I CERTIFY THAT I HAVE EXAMINED THIS REPORT, THAT IT IS MADE IN GOOD FAITH AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL ENTRIES MADE HEREIN ARE TRUE AND CORRECT, AND IN ACCORDANCE WITH THE LAW AND REGULATIONS APPLICABLE HERETO. I UNDERSTAND THAT PROVIDING FALSE OR FRAUDULENT INFORMATION OR FAILING TO PROVIDE REQUIRED INFORMATION IS A VIOLATION OF FEDERAL LAW PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

FORM DC-1 (~~XX~~) DESTROY PRIOR EDITIONS

Submit

DATE \_\_\_\_\_

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PDF Preview

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Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

# INSTRUCTIONS

## PAPERWORK REDUCTION ACT NOTICE

We ask for this information to carry out the provisions of the Railroad Unemployment Insurance Act. We need it to ensure that railroad employers are complying with the Act and to allow us to compute and collect the correct amount of contributions. You are required to give us this information.

We estimate this form takes an average of 25 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Chief of Information Resources Management, Railroad Retirement Board, 844 N. Rush St., Chicago, IL 60611-2092 1275

Associate  
Chief  
Information  
Officer for  
Policy and  
Compliance

## EMPLOYER'S CONTRIBUTIONS AND CONTRIBUTION REPORTS

**General requirements** – Every employer under the Railroad Unemployment Insurance Act is required to pay a contribution equal to a percentage of the compensation earned by any employee. All employers are notified annually of the contribution rate with Form ID-40r, Annual Notice to Employer - RUI Act, in October. The monthly compensation base is established every November via a separate notice.

**Reporting requirements** – Every employer must file a report and pay contributions for each calendar quarter in which compensation is earned by one or more employees.

The report for each quarter must be filed and the contributions must be paid on or before the due date shown below:

QUARTER ENDED	DUE ON OR BEFORE
March 31	April 30
June 30	July 31
September 30	October 31
December 31	January 31

If the due date falls on Saturday, Sunday, or a national legal holiday, the report must be filed and the payment made on or before the next following business day. The report must be postmarked on or before the date on which the report is required to be filed. Payments by electronic medium must be effective on or before the date on which the DC-1 report is required to be filed.

**Penalties** – For failure to file a report on or before the date on which it is due, section 345 of the regulations provides a penalty of five to twenty-five percent of the contribution, depending upon the duration of the delinquency, unless the employer establishes to the satisfaction of the Railroad Retirement Board (RRB) that a reasonable cause exists for the delinquency.

**Interest** – If any contribution is not paid when due, interest will accrue thereon at the rate of one percent per month or fraction of a month from the date on which it became due until it is paid. A fractional part of the month will be treated the same as a full month, e.g. a contribution postmarked one day after the due date will be assessed a full month's interest.

**Records** – Every employer under the Railroad Unemployment Insurance Act must keep accurate records containing sufficient information to enable the RRB to determine whether the contributions have been correctly computed and paid. Such records shall be maintained for a period of at least five years after the date the contribution to which they relate becomes due or the date the contribution is paid, whichever is later, and shall be open at all times to the inspection of the RRB or any of its officers or employees.

## COMPLETING FORM DC-1

**Identifying Information** – Enter the employer number used in reporting compensation to the RRB's Chief of Compensation and Employer Services Center, the calendar quarter and year covered, and the full name and address of the employer. If future reports are not required please check "FINAL REPORT." Also check the box to indicate method of payment.

**Item 1 – Current reporting period** – No entry required in columns (a) and (b). Enter in column (c) the total compensation subject to contribution for the current reporting period, in column (d) the contribution rate indicated in the annual notice and in column (e) the amount of contribution due.

**Item 2 – Compensation Adjustments** – Enter in column (a) the month indicated on Form BA-4, Report of Creditable Compensation Adjustments. Enter in column (b) the calendar year which was adjusted by the Form BA-4 (a BA-4 that adjusts more than 1 calendar year requires a separate line for each year). Enter in column (c) on the appropriate line the amount of the net increase or decrease resulting from compensation adjustments applicable to prior periods as reported on the Form BA-4 filed during the period covered by the report. The entry is to be made in the space provided for the period affected by the adjustment. Enter in column (d) the contribution rate applicable (8.0%) for years from 1/1/1981 through 12/31/1990; see section 345 of the RRB's regulation for years prior to 1981. Enter in column (e) the amount of contributions due.

If any amount is a decrease, it should be noted by inserting the letter "D" after the amount.

**Item 3 – Total** – Enter the total of the compensation amounts shown for items 1 and 2 in column (c) and the total of the contribution amounts in column (e). The total compensation reported on line 3 for the four quarters of each year should be the same as the total compensation reported on Forms BA-3, Annual Report of Creditable Compensation, and BA-4 to the Chief of Compensation and Employer Services Center if they do not agree, please attach a statement that explains the reason(s) for the difference in total compensation reported here and separately reported to the Chief of Compensation and Employer Services Center. The total compensation to be listed on this contribution report is to be derived from payrolls or other disbursement documents for an appropriate quarter.

**Item 4 – Correction to prior Forms DC-1** – Enter corrections, underpayments or overpayments of contribution not involving BA-4 adjustments applicable to prior compensation reports. On line 1 in column (a) enter the calendar quarter and year of the Form DC-1 which requires correction. Enter in column (b) the calendar year adjusted. Entries in columns (c) through (e) should be the same information as indicated on Form DC-1 to be corrected. Enter on line 2 in columns (c) through (e), the correct information. Additional corrections to Forms DC-1 should be documented on an attachment in the same format as the first correction. On line 3 of columns (c) and (e) the net correction total is entered.

**Item 5 – Total** – Add columns (c) and (e) of item 3 and line 3 of item 4 and enter the totals.

**Items 6a & b – Interest/penalties** – Indicate the quarter and year applicable in item 6a. Enter the amount of interest/penalties in item 6b.

**Item 7 – Report Total** – Enter the total amount of the remittance required by this report. Add the amounts shown in items 5e and 6b.

**Item 8 – Amount of Remittance** – Enter, in column (e), the total amount remitted for this report. It should be the amount shown in item 7.

**Item 9** – Enter the name and telephone number of the individual preparing the form.

**Signature** – Each report must be signed by (1) the individual if the employer is an individual, (2) the president, vice president, or other duly authorized officer if the employer is a corporation, or (3) a responsible or duly authorized member or officer having knowledge of its affairs, if the employer is a partnership or other incorporated organization. The title of the officer must be indicated as well as the date signed.