

Note: The draft you are looking for begins on the next page. Caution: DRAFT—NOT FOR FILING

This is an early release draft of an IRS tax form, instructions, or publication, which the IRS is providing for your information. **Do not file draft forms** and do **not** rely on draft forms, instructions, and publications for filing. We do **not** release draft forms until we believe we have incorporated all changes (except when explicitly stated on this coversheet). However, unexpected issues occasionally arise, or legislation is passed—in this case, we will post a new draft of the form to alert users that changes were made to the previously posted draft. Thus, there are never any changes to the last posted draft of a form and the final revision of the form. Forms and instructions generally are subject to OMB approval before they can be officially released, so we post only drafts of them until they are approved. Drafts of instructions and publications usually have some changes before their final release.

Early release drafts are at <u>IRS.gov/DraftForms</u> and remain there after the final release is posted at <u>IRS.gov/LatestForms</u>. All information about all forms, instructions, and pubs is at <u>IRS.gov/Forms</u>.

Almost every form and publication has a page on IRS.gov with a friendly shortcut. For example, the Form 1040 page is at <u>IRS.gov/Form1040</u>; the Pub. 501 page is at <u>IRS.gov/Pub501</u>; the Form W-4 page is at <u>IRS.gov/W4</u>; and the Schedule A (Form 1040/SR) page is at <u>IRS.gov/ScheduleA</u>. If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not a Search box.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or publications at <u>IRS.gov/FormsComments</u>. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product.

If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click <u>here</u>.

	CT-1	Employer's Annual Railroad Re	OMB No. 1545-0001		
Form					2021
Department of the Treasury Internal Revenue Service		► Go to <i>www.irs.gov/CT1</i> for instructions a	and the latest informat	tion.	
		Name	Employer identification n		
	Туре				
	or	Address (number and street)	RRB number		If final return , check here. ►
	Print	City or town, state or province, country, and ZIP or foreign postal co	ode		
Par		d Retirement Taxes. On lines 1 through 12 be		ount of compe	nsation paid in 2021
	for each	tax. Then, multiply it by the rate shown and enternation			
	Tior 1 Employ	or Tax Componentian (other than tipe and eigh pay) (Compensation	Rate	Tax
1 2		er Tax—Compensation (other than tips and sick pay) \$ er Medicare Tax—Compensation (other than tips		_ × 6.2% =	
_	and sick pay)			× 1.45% =	2
3		er Tax—Compensation (other than tips) \$		× 13.1% =	3
4		ee Tax – Compensation (other than sick pay) . \$		_ × 6.2% =_	4
5		ee Medicare Tax—Compensation (other than sick see instructions)		4.450	-
6		see instructions) \$ ee Additional Medicare Tax—Compensation (other		_ × 1.45% =_	5
Ū		(for tips, see instructions)		× 0.9% =	6
7	Tier 2 Employe	ee Tax-Compensation (for tips, see instructions) \$		× 4.9% =	7
8		er Tax—Sick pay............		× 6.2% =	8
9		er Medicare Tax—Sick pay \$		_ × 1.45% =	9
10 11		ee Tax—Sick pay \$ ee Medicare Tax—Sick pay \$			10 11
12		ee Additional Medicare Tax—Sick pay			12
13		d on compensation (add lines 1 through 12)			13
14		o employer and employee railroad retirement taxes b	ased on compensati	on. See the	
		r line 14 and attach required statements.			
15	Fractions of C	ents \$ ± Other \$ er adjustments (line 13 as adjusted by line 14)			14 15
15 16		e portion of credit for qualified sick and family leave			
	before April 1,				16
17a		e portion of employee retention credit			I7a
b		e portion of credit for qualified sick and family leave			
-					17b
c d		e portion of COBRA premium assistance credit lividuals provided COBRA premium assistance			17c
18		ndable credits. Add lines 16, 17a, 17b, and 17c .			18
19		er adjustments and nonrefundable credits. Subtract lin			19
20		retirement tax deposits for the year, including overpa			
01		ent applied from Form CT-1 X			20
21 22		uture use			21 22
23		ortion of credit for qualified sick and family leave com			
	April 1, 2021				23
24a		ortion of employee retention credit			24a
b		ortion of credit for qualified sick and family leave cor	•		
с		21			24b 24c
25		and refundable credits. Add lines 20, 23, 24a, 24b, ar			25
26		s received from filing Form(s) 7200 for the year .			26
27	Total deposits	and refundable credits less advances. Subtract line 2	6 from line 25	[27
28		If line 19 is more than line 27, enter the difference and		· · ·	28
29	Overpayment	t. If line 27 is more than line 19, enter the difference \blacktriangleright		_ Apply to payt ra	turn. 🗌 Send a refund.
You n	nust complete b	ooth pages of Form CT-1 and sign it.		ppiy to next le	Next

Form C	T-1 (2021)		Page 2
Part	Railroad Retirement Taxes (continued)		
30	Qualified sick leave compensation for leave taken before April 1, 2021	30	
31	Qualified health plan expenses allocable to compensation reported on line 30	31	
32	Qualified family leave compensation for leave taken before April 1, 2021	32	
33	Qualified health plan expenses allocable to compensation reported on line 32	33	
34	Qualified compensation for the employee retention credit	34	
35	Qualified health plan expenses for the employee retention credit	35	
36	Qualified sick leave compensation for leave taken after March 31, 2021	36	
37	Qualified health plan expenses allocable to qualified sick leave compensation reported on line 36 .	37	
38	Amounts under certain collectively bargained agreements allocable to qualified sick leave		
	compensation reported on line 36	38	
39	Qualified family leave compensation for leave taken after March 31, 2021	39	_
40	Qualified health plan expenses allocable to qualified family leave compensation reported on line 39	40	
41	Amounts under certain collectively bargained agreements allocable to qualified family leave compensation reported on line 39	41	
42	If you're eligible for the employee retention credit in the third quarter solely because your business is a recovery startup business, enter the total of any amounts included on lines 17a and 24a for the		
	third quarter	42	
43	If you're eligible for the employee retention credit in the fourth quarter solely because your business is a recovery startup business, enter the total of any amounts included on lines 17a and 24a for the fourth quarter	43	
• All f	ilers: If line 19 is less than \$2,500, don't complete Part II or Form 945-A.		
• Sem	niweekly schedule depositors: Complete Form 945-A and see the Part II instructions below.		

• Monthly schedule depositors: Complete Part II below.

Part II **Record of Railroad Retirement Tax Liability**

Complete the Monthly Summary of Railroad Retirement Tax Liability below only if you were a monthly schedule depositor for the entire year. Enter your Tier 1 and Tier 2 tax liability on the lines provided for each month.

If you were a semiweekly schedule depositor during any part of the year or you accumulated \$100,000 or more on any day during a deposit period, you **must** complete Form 945-A, Annual Record of Federal Tax Liability. Don't complete the monthly summary below.

On Form 945-A for each payday, enter the sum of your employee and employer Tier 1 and Tier 2 taxes on the appropriate line.

Your total tax liability for the year (line V below or line M on Form 945-A) must equal your total taxes for the year (Form CT-1, line 19).

Note: See the separate instructions for the deposit rules for railroad retirement taxes.

	Monthly Summary of Railroad Retirement Tax Liability Complete if <i>Part I,</i> line 19, is \$2,500 or more and you were a monthly schedule depositor.									
						-	-			
Date compensation paid:			First Quarte	er S	econd Quarter	er Third Quarter		Fourth Quarter		
First month of quarter:			January		April	July		0	ctober	
Tier 1 and Tier 2 taxes I First month liability ►										
Second month of quarter:			February		Мау		August	No	November	
Tier	1 an	d Tier 2 taxes								
II S	Secon	id month liability 🕨								
Third m	nonth	of quarter:	March		June	S	eptember	De	December	
Tier	1 an	d Tier 2 taxes								
III ⁻	Third	month liability								
IV T	otal f	for quarter, add								
lines I, II, and III.		, II, and III.								
V ⁻	Total	railroad retirement tax	liability for the yea	ar. This must e	equal Part I, line 19			•		
Third-	Do y	Do you want to allow another person to discuss this return with the IRS? See separate instructions. Yes. Complete the following. No.								
Party Designee	Designee's name ►				ne ►		Personal identification number (PIN) ►			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Signature ►				Print Your Name and Title ►			Date ►		
Paid Prepar	er	Print/Type preparer's na	me	Preparer's sign	ırer's signature		Date	Check if self-employed	PTIN	
Use Only		Firm's name 🕨						Firm's EIN ►		
		Firm's address ►						Phone no.	Phone no.	
									orm CT_1 (2021)	

Form CT-1(V), Payment Voucher

Purpose of Form

Complete Form CT-1(V) if you're making a payment with Form CT-1. We will use the completed Form CT-1(V) to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form CT-1

To avoid a penalty, make a payment with Form CT-1 **only if** one of the following applies.

• Your total railroad retirement taxes for the year (Form CT-1, line 19) are less than \$2,500 and you're paying in full with a timely filed return.

• You're a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See the separate instructions for details. This amount may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. Don't use Form CT-1(V) to make federal tax deposits. See *Electronic Deposit Requirement* in the separate instructions.



Use Form CT-1(V) when paying any amount with Form CT-1. However, if you pay an amount with Form CT-1 that should've been deposited, you may be subject to a penalty. See Penalties

and Interest in the separate instructions.

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting *www.irs.gov/EIN*. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form CT-1, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form CT-1.

Box 3—Name and address. Enter your business name and address as shown on Form CT-1.

• Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form CT-1," and "2021" on your check or money order. Don't send cash. Don't staple Form CT-1(V) or your payment to Form CT-1 or to each other.

• Detach Form CT-1(V) and send it with your payment and Form CT-1 to the address in the Instructions for Form CT-1.

▼ Detach Here and Mail With Your Payment and Form CT-1. ▼

Form CT-1(V) Department of the Treasury Internal Revenue Service			Payment Voucher e this voucher when making a payment with Form CT-1.		OMB No. 1545-0001	
1 Enter your employer identification number (EIN)		2	Enter the amount of your payment. Make your check or money order payable to "United States Treasury."		llars	Cents
		3	Enter your business name.			
			Enter city or town, state or province, country, and ZIP or foreign postal co	de.		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You're required to give us this information. We need it to ensure that you're complying with these laws and to allow us to figure and collect the right amount of tax. Our authority to ask for information is found in sections 6001, 6011, and 6012(a) and their regulations. Section 6109 requires you to provide your identifying number on the return. If you don't provide the information, you may be subject to penalties.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form CT-1 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping	. 11 hr., 43 min.
Learning about the law or the form .	. 2 hr., 7 min

Preparing, copying, assembling, and sending the form to the IRS 4 hr., 48 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form CT-1 simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/ FormComments.* Or write to: Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form CT-1 to this address. Instead, see *Where To File* in the Instructions for Form CT-1.