

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 IRS.gov/Form1040; the Pub. 501 page is at IRS.gov/Pub501; the Form W-4 page is at IRS.gov/W4; and the Schedule A (Form 1040/SR) page is at IRS.gov/ScheduleA. 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 IRS.gov/FormsComments. 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 here.

_	CT-1	Employer's Annual Railroad Re	tirement Tax Return	OMB No. 1545-0001							
Form	01 1			90 04							
Department of the Treasury		Co to warm in gov/CT1 for instructions	and the letest information	2021							
Internal	Revenue Service	► Go to www.irs.gov/CT1 for instructions a Name	Employer identification number (EIN)								
		Name	Employer identification number (Env)								
	Туре	Address (number and street)	RRB number	If final return,							
	or Print			check here. ▶ □							
	Print	City or town, state or province, country, and ZIP or foreign postal co	ode								
		JRAFI									
Part I Railroad Retirement Taxes. On lines 1 through 12 below, enter the amount of compensation paid in 2021											
	for each	tax. Then, multiply it by the rate shown and enter									
			Compensation Rate	Tax							
1		er Tax—Compensation (other than tips and sick pay) \$	× 6.2% =	1							
2	and sick pay)	er Medicare Tax - Compensation (other than tips									
2			× 1.45% = × 13.1% =	3							
3 4		er Tax – Compensation (other than tips) \$ ee Tax – Compensation (other than sick pay) . \$		4							
5		ee Medicare Tax—Compensation (other than sick	^ 0.2 /0 _								
-		see instructions) \$	× 1.45% =	5							
6		ee Additional Medicare Tax—Compensation (other									
		(for tips, see instructions)	× 0.9% =	6							
7	Tier 2 Employe	ee Tax—Compensation (for tips, see instructions) \$	× 4.9% =	7							
8	Tier 1 Employe	er Tax—Sick pay \$	× 6.2% =	8							
9		er Medicare Tax-Sick pay \$		9							
10		ee Tax—Sick pay		10							
11		ee Medicare Tax—Sick pay		11							
12		ee Additional Medicare Tax—Sick pay \$		12							
13 14		d on compensation (add lines 1 through 12) o employer and employee railroad retirement taxes b	+	13							
14		r line 14 and attach required statements.	asea on compensation. eee the								
	Fractions of C	-	=	14							
15	Total taxes aft	er adjustments (line 13 as adjusted by line 14)	. 	15							
16		e portion of credit for qualified sick and family leave	e compensation for leave taken								
	before April 1,	2021		16							
17a		e portion of employee retention credit		17a							
b		e portion of credit for qualified sick and family leave									
		, 2021		17b							
C C		e portion of COBRA premium assistance credit ividuals provided COBRA premium assistance		17c							
d 18		Induals provided COBHA premium assistance		18							
19		er adjustments and nonrefundable credits. Subtract lir		19							
20		retirement tax deposits for the year, including overpa		10							
		ent applied from Form CT-1 X		20							
21	Reserved for f	uture use		21							
22		uture use		22							
23	-	ortion of credit for qualified sick and family leave com	·								
	-		1	23							
24a		ortion of employee retention credit		24a							
b		ortion of credit for qualified sick and family leave cor	=	046							
_				24b							
с 25	-	ortion of COBRA premium assistance credit and refundable credits. Add lines 20, 23, 24a, 24b, ar	-	24c 25							
25 26		s received from filing Form(s) 7200 for the year		26							
20 27		and refundable credits less advances. Subtract line 2	-	27							
28	•	If line 19 is more than line 27, enter the difference and	+	28							
29		If line 27 is more than line 19, enter the difference ▶		-							
		,		eturn. Send a refund.							
You m	nust complete b	oth pages of Form CT-1 and sign it.		Next ■►							

Form CT-	, ,								Page
Part I		ailroad Retiremer							
	! ,							30	
	31 Qualified health plan expenses allocable to compensation reported on line 30							31	
	Qualified family leave compensation for leave taken before April 1, 2021							32	
				-	•			33	
					redit			34	
					ntion credit er March 31, 2021 .			35 36	
								37	
 Qualified health plan expenses allocable to qualified sick leave compensation reported on line 3 Amounts under certain collectively bargained agreements allocable to qualified sick I 								P -	
								38	
	Qualified family leave compensation for leave taken after March 31, 2021								
	Qualified health plan expenses allocable to qualified family leave compensation reported on line 39							39	
41 Amounts under certain collectively bargained agreements allocable to qualified family leave compensation reported on line 39							_		
					he third quarter solely b				_
					amounts included on li				
								42	
43	If you're eligible for the employee retention credit in the fourth quarter solely because your business							ss	
					amounts included on I				
1	fourth (quarter						43	
		ine 19 is less than \$2	· · · · · · · · · · · · · · · · · · ·						
	-	-	•		and see the Part II inst	tructions	below.		
		nedule depositors: (
Part I	К	ecord of Railroad	Retirement Ta	ix Liabi	шту				
		Monthly Summary of R					each payday, en		
below o	nly if you	ou were a monthly scl r Tier 1 and Tier 2 tax	nedule depositor fo	or the ent	nd . ,		nd Tier 2 taxes o		
for each			nability of the line	3 provide	ו טעו נטנמו נפ		y for the year (lir Ir total taxes for		
If you	were a	semiweekly schedul	e depositor during	any part	of	-		-	
the year	or you	accumulated \$100,00	00 or more on any	day durir	ng a retirement tax		e instructions fo	or the deposit rt	lies for railroad
		you must complete F ability. Don't complete							
				-	Summary of Railroa			-	
		-	<u> </u>		e 19, is \$2,500 or more a				
		sation paid:	First Quarte	er			hird Quarter	Fourth Quarter	
		of quarter:	January		April		July	00	ctober
		d Tier 2 taxes							
		onth liability							
		oth of quarter: d Tier 2 taxes	February		May		August	No	vember
		d month liability							
		of quarter:	March		June		September	Do	cember
		d Tier 2 taxes	IVIAICII		Julie	'	September	Det	Cerriber
		month liability							
		or quarter, add							
lines I, II, and III.									
V	Total	railroad retirement tax	liability for the year	ar. This m	nust equal <i>Part I,</i> line 19			>	
Third-	Do you want to allow another person to discuss this return with the IRS? See separate instructions. Yes. Complete the following. No.								
Party							ntification	_	
Designe	Designee's name ▶				Phone no. ►		number (PIN		
<u> </u>	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.								
Sign	and t	beliet, it is true, correct, and o	complete. Declaration of	preparer (c	omer man taxpayer) is based on	ali intormat	uon or which prepare	ar nas any knowledo	у с .
Here	Print Your								
	Sign	nature ►		Name and Title ▶		1	Date ►		
Paid		Print/Type preparer's nar	me	Preparer's signature Date		Date	Check if	PTIN	
Prepa	rer							self-employed	1
Use C		Firm's name ▶						Firm's EIN ►	

Firm's address ►

Phone no.

Form CT-1 (2021) Page **3**

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.

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	
Enter your employer identification number (EIN)			Enter the amount of your payment. ▶	Do	ollars	Cents
			Make your check or money order payable to "United States Treasury."			
		3	Enter your business name.			
			Enter city or town, state or province, country, and ZIP or foreign postal co	ode.		

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

Form CT-1 (2021)

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 we ask for, or provide false or fraudulent 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.

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

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.