Form **CT-1 X:** Adjusted Employer's Annual Railroad Retirement Tax Return or Claim for Refund

Rev. March	• • •
Employer (EIN)	Return You're Correcting Enter the calendar year of the return
RRB numl	you're correcting:
Name (as	hown on latest Form CT-1) (YYYY)
Address	
Addiess	Number Street Suite or room number Enter the date you discovered errors:
	City State ZIP code (MM / DD / YYYY)
	Foreign country name Foreign province/county Foreign postal code
Read the	separate instructions before completing this form. Use this form to correct errors made on Form CT-1, Employer's Annu
Railroad F	etirement Tax Return. Use a separate Form CT-1 X for each year that needs correction. Type or print within the boxes. You plete all five pages. Don't attach this form to Form CT-1 unless you're reclassifying workers; see the instructions for line 42.
Part 1:	Select ONLY one process. See page 6 for additional guidance, including information on how to treat employment tax credits and Tier 1 tax deferrals.
1. /	Adjusted railroad retirement tax return. Check this box if you underreported tax amounts. Also check this box if you overreported t
a	mounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting bo
	nderreported and overreported tax amounts on this form. The amount shown on line 26, if less than zero, may only be applied as a credit our Form CT-1 for the tax period in which you're filing this form.
2. (Claim. Check this box if you overreported tax amounts only and you would like to use the claim process to ask for a refund or abatement
t	ne amount shown on line 26. Don't check this box if you're correcting ANY underreported tax amounts on this form.
Part 2:	Complete the certifications.
3. I	certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as require
am tax tax	e: If you're correcting underreported tax amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported tounts, for purposes of the certifications on lines 4 and 5, Employee Railroad Retirement Tax Act (RRTA) taxes consist of Tier 1 Employe Tier 1 Employee Medicare tax, and Tier 2 Employee tax. Employer RRTA taxes consist of Tier 1 Employer tax, Tier 1 Employer Medicare and Tier 2 Employer tax. Form CT-1 X can't be used to correct overreported amounts of Tier 1 Employee Additional Medicare Tax unle amounts weren't withheld from employee compensation.
4. l	you checked line 1 because you're adjusting overreported amounts, check all that apply. You must check at least one box.
l ce	rtify that:
	repaid or reimbursed each affected employee for the overcollected RRTA taxes for prior years. I have a written statement from each ffected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the vercollection.
	The adjustments are only for Employer RRTA taxes. I couldn't find the affected employees or each affected employee didn't give me a pritten statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
c. 7	he adjustment is for RRTA taxes and/or Tier 1 Employee Additional Medicare Tax that I didn't withhold from employee compensation.
	you checked line 2 because you're claiming a refund or abatement of overreported RRTA taxes, check all that apply. 'ou must check at least one box.
I ce	rtify that:
6	repaid or reimbursed each affected employee for the overcollected Employee RRTA taxes for prior years. I have a written statement from ach affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for twercollection.
I	have a written consent from each affected employee stating that I may file this claim for Employee RRTA taxes overcollected in prior yea also have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and wollaim a refund or credit for the overcollection.
t	he claim is for Employer RRTA taxes only. I couldn't find the affected employees; each affected employee didn't give me a written consective file a claim for Employee RRTA taxes; or each affected employee didn't give me a written statement that he or she hasn't claimed (or the laim was rejected) and won't claim a refund or credit for the overcollection.
d. 1	he claim is for RRTA taxes and/or Tier 1 Employee Additional Medicare Tax that I didn't withhold from employee compensation.

Part 3: Enter the corrections for the calendar year you're correcting. If any line doesn't apply, leave it blank.

6.	Tier 1 Employer Tax—	Column 1 Total corrected amount (for ALL employees)	_	Column 2 Amount originally reported or as previously corrected (for ALL employees)	=	Column 3 Difference (If this amount is a negative number, use a minus sign.)		Column 4 Tax correction
•	Compensation (Form CT-1, line 1)	. •	_		=		× 0.062 =	
7.	Tier 1 Employer Medicare Tax – Compensation (Form CT-1, line 2)		_		=		× 0.0145 =	
8.	Tier 2 Employer Tax— Compensation (Form CT-1, line 3)		_		=		See instructions	
9.	Tier 1 Employee Tax— Compensation (Form CT-1, line 4)		_		=		× 0.062 =	
10.	Tier 1 Employee Medicare Tax – Compensation (Form CT-1, line 5)		_		=		× 0.0145 =	
11.	Tier 1 Employee Additional Medicare Tax—Compensation (other than sick pay) (Form CT-1,	,]		0.000*	
	line 6)		- *Ce	ertain compensation repor	= ted i	in Column 3 shouldn't be	$\times 0.009^* = $ multiplied by 0.00	9. See instructions.
12.	Tier 2 Employee Tax— Compensation (Form CT-1, line 7)		_		=		See instructions	
13.	Tier 1 Employer Tax—Sick Pay (Form CT-1, line 8)		_		=		× 0.062 =	
14.	Tier 1 Employer Medicare Tax – Sick Pay (Form CT-1, line 9)		_		=		× 0.0145 =	
15.	Tier 1 Employee Tax—Sick Pay (Form CT-1, line 10)		_		=		× 0.062 =	
16.	Tier 1 Employee Medicare Tax—Sick Pay (Form CT-1, line 11)		_		=		× 0.0145 =	
17.	Tier 1 Employee Additional Medicare Tax—Sick Pay (Form CT-1, line 12)		 - *Ce	ertain compensation repo	= ted i	in Column 3 shouldn't be	$\times 0.009^* = $	9. See instructions.
18.	Tax Adjustments (Form CT-1, line 14)		_		=		See instructions	
19.	Nonrefundable portion of credit for qualified sick and family leave compensation for leave taken before April 1, 2021 (Form CT-1, line 16)				=		See instructions	
20a.	Nonrefundable portion of employee retention credit (Form CT-1, line 17a (line 17 for calendar		-	•	=	•	See	•
20b.	year 2020)) Nonrefundable portion of credit for qualified sick and family leave	. •	_	•		•	instructions	
	compensation for leave taken after March 31, 2021 (Form CT-1, line 17b)		_		=		See instructions	
20c.	Nonrefundable portion of COBRA premium assistance credit (Form CT-1, line 17c)		_		=		See instructions	
20d.	Number of individuals provided COBRA premium assistance (Form CT-1, line 17d)	,-	_	-	=	-		<u> </u>
21.	Subtotal. Combine the amounts	on lines 6 through	200	of Column 4				

		Column 1		Column 2		Column 3		Column 4
		Total corrected amount (for ALL employees)	_	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)		Tax correction
22.	Deferred amount of the Tier 1 Employer Tax* (Form CT-1, line 21)]_	_] =		See instructions	
	, , , , ,	, -			_	*Line 22 can only be	used if correction	ng a 2020 Form CT-
23.	Deferred amount of the Tier 1 Employee Tax* (Form CT-1, line 22)]_		=	•	See instructions	
						*Line 23 can only be	used if correction	ng a 2020 Form CT-
24.	Refundable portion of credit for qualified sick and family leave compensation for leave taken before April 1, 2021 (Form CT-1,		1]_		See	
	line 23)] –] _	•	instructions	
25a.	Refundable portion of employee retention credit (Form CT-1, line	,	7		1_		See	
	24a (line 24 for calendar year 2020))		_		_ =	•	instructions	
25b.	Refundable portion of credit for qualified sick and family leave compensation for leave taken		7		,		-	
	after March 31, 2021 (Form CT-1, line 24b)		_		=	•	See instructions	
25c.	Refundable portion of COBRA	,	7		7		,	
	premium assistance credit (Form CT-1, line 24c)		_		=	•	See instructions	
26.	Total. Combine the amount on If line 26 is less than zero: • If you checked line 1, this is the filing this form.	_			our	Form CT-1 for the t	ax period in	which you're
	• If you checked line 2, this is the If line 26 is more than zero, this how to pay, see Amount you owe	s is the amount y	ou (owe. Pay this amou	nt b	y the time you file t	his return. Fo	or information o
27.	Qualified sick leave compensation for leave taken before April 1, 2021 (Form CT-1, line 30)]_		=			
28.	Qualified health plan expenses allocable to qualified sick leave	,	7		7		7	
	compensation for leave taken before April 1, 2021 (Form CT-1, line 31)		_		=			
29.	Qualified family leave compensation for leave taken before April 1, 2021 (Form CT-1, line 32)]_] =]	
30.	Qualified health plan expenses allocable to qualified family leave compensation for leave taken before April 1, 2021 (Form CT-1, line 33)]_]=]	
31.	Qualified compensation for the employee retention credit (Form CT-1, line 34)		-]] =		-]	
32.	Qualified health plan expenses for the employee retention credit]]=			

Part 3: Enter the corrections for the calendar year you're correcting. If any line doesn't apply, leave it blank. (continued)

Caution: Lines 33-40 don't apply to years beginning before January 1, 2021.

		Column 1		Column 2		Column 3
		Total corrected amount (for ALL employees)	_	Amount originally reported or as previously corrected (for ALL employees)	=	Difference (If this amount is a negative number, use a minus sign.)
33.	Qualified sick leave compensation for leave taken after March 31, 2021 (Form CT-1, line 36)		_] =	
34.	Qualified health plan expenses allocable to qualified sick leave compensation for leave taken after March 31, 2021 (Form CT-1, line 37)		_] =	
35.	Amounts under certain collectively bargained agreements allocable to qualified sick leave compensation for leave taken after March 31, 2021 [Form CT-1, line 38]]_] =	
36.	Qualified family leave compensation for leave taken after March 31, 2021 (Form CT-1, line 39)		_] =	
37.	Qualified health plan expenses allocable to qualified family leave compensation for leave taken after March 31, 2021 (Form CT-1, line 40)]_] =	
38.	Amounts under certain collectively bargained agreements allocable to qualified family leave compensation for leave taken after March 31, 2021 (Form CT-1, line 41)	·	_] =	
39.	If you're eligible for the employee retention credit in the third quarter of 2021 solely because your business is a recovery startup business, enter the total of any amounts included on Form CT-1, lines 17a and 24a (or, if corrected, Form CT-1 X, lines 20a and 25a), for the third quarter of 2021 (Form CT-1, line 42)	·]_	·]=	·
40.	If you're eligible for the employee retention credit in the fourth quarter of 2021 solely because your business is a recovery startup business, enter the total of any amounts included on Form CT-1, lines 17a and 24a (or, if corrected, Form CT-1 X, lines 20a and 25a), for the fourth quarter of 2021 (Form CT-1, line 43)]_]=	

ame	е				ipioyer identificat	ion number (EIN)	Correcting Calendar Year (YYY	T)
Par	t 4:	Explain your	corrections for the calendar year you	u're correct	ing.			
	41.	Check here if Explain both y	any corrections you entered on a lir our underreported and overreported an	ne include b mounts on li	oth underrep	orted and over	reported amounts.	
	42.	Check here if	any corrections involve reclassified	workers. E	xplain on line 4	13.		
	43.	You must give	e us a detailed explanation for how y	ou determi	ned your corr	ections. See th	ne instructions.	
Dar	t 5:	Sign here Vo	u must complete all five pages of th	is form and	eian it			
Un acc	der pe	nalties of perjury, nying schedules ar	I declare that I have filed an original Forn nd statements, and to the best of my knowled ormation of which preparer has any knowledge	m CT-1 and t	hat I have exam it is true, correct Print y name Print y	your here		
		Da	te / /		title h	daytime phone]
Pa	aid Pı	reparer Use C	Only		Check if you'	re self-employed		_
Pre	eparer	's name				PTIN		
Pre	eparer	's signature				Date	/ /	
	m's na lf-empl	me (or yours if oyed)				EIN		
Ad	ldress					Phone		
Cit	ty			State		ZIP code]

Form CT-1 X: Which process should you use?

Type of errors
you're
correcting

Unless otherwise specified in the separate instructions, an underreported employment tax credit or Tier 1 tax deferral should be treated like an overreported tax amount. An overreported employment tax credit or Tier 1 tax deferral should be treated like an underreported tax amount. For more information, including which process to select on lines 1 and 2, see *Correcting an employment tax credit or Tier 1 tax deferral* in the separate instructions.

Underreported tax amounts ONLY

Use the adjustment process to correct underreported tax amounts.

- Check the box on line 1.
- Pay the amount you owe from line 26 by the time you file Form CT-1 X.

Overreported tax amounts ONLY

The process you use depends on **when** you file Form CT-1 X.

If you're filing Form CT-1 X MORE THAN 90 days before the period of limitations on credit or refund for Form CT-1 expires. . .

Choose either the adjustment process or the claim process to correct the overreported tax amounts.

Choose the adjustment process if you want the amount shown on line 26 credited to your Form CT-1 for the period in which you file Form CT-1 X. Check the box on line 1.

OF

Choose the claim process if you want the amount shown on line 26 refunded to you or abated. Check the box on line 2.

If you're filing Form CT-1 X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form CT-1...

You must use the **claim process** to correct the overreported tax amounts. Check the box on line 2.

BOTH underreported and overreported tax amounts

The process you use depends on when you file Form CT-1 X.

If you're filing Form CT-1 X MORE THAN 90 days before the period of limitations on credit or refund for Form CT-1 expires. . . Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported tax amounts.

Choose the adjustment process if combining your underreported tax amounts and overreported tax amounts results in a balance due or creates a credit that you want applied to Form CT-1.

- File one Form CT-1 X, and
- Check the box on line 1 and follow the instructions on line 26.

OR

Choose both the adjustment process and the claim process if you want the overreported tax amount refunded to you or abated.

File two separate forms.

- For the adjustment process, file one Form CT-1 X to correct the underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 26 by the time you file Form CT-1 X.
- **2. For the claim process,** file a second Form CT-1 X to correct the overreported tax amounts. Check the box on line 2.

If you're filing Form CT-1 X WITHIN 90 days of the expiration of the period of limitations on credit or refund for Form CT-1...

You must use both the adjustment process and the claim process.

File two separate forms.

- For the adjustment process, file one Form CT-1 X to correct the underreported tax amounts. Check the box on line 1. Pay the amount you owe from line 26 by the time you file Form CT-1 X.
- **2.** For the claim process, file a second Form CT-1 X to correct the overreported tax amounts. Check the box on line 2.