



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
 <OFFICE NAME>
 <OFFICE ADDRESS>
 <OFFICE CITY, STATE, ZIP CODE>
 WWW.RRB.GOV

OFFICE HOURS: M-T-TH-F 9:00 AM TO 3:30 PM
WEDS. 9:00 AM TO 12:00 PM - CLOSED FEDERAL HOLIDAYS

TOLL-FREE NUMBER: 1-877-772-5772

In reply refer to

Please complete the Form RRB-1001, *Nonresident Questionnaire*, shown below, so that we may determine how United States income tax withholding applies to your monthly annuity payments. Before completing the questionnaire be sure to read the Paperwork Reduction Act and Privacy Act Notices contained in the enclosed Form TB-26, *Completion Instructions for Form RRB-1001*. The questionnaire is needed because *ChooseOne* [See next page for drop down choices.]

Be sure Items 1 through 9 are completed according to the TB-26 instructions. Return Form RRB-1001 promptly in the envelope provided. **If we do not receive it, we may be required to withhold a higher rate of tax than would otherwise be necessary.** **NOTE:** *You do not have to complete the form if you have completed one within the last 45 days and if no information has changed.*

If you have any questions about this letter or need additional information, contact the nearest RRB field office, U.S. consulate, or U.S. embassy. You may also write to us at the address shown above or visit our website at www.rrb.gov.

<RRB Representative's Name and Title>

Enclosures

NONRESIDENT QUESTIONNAIRE			FORM APPROVED OMB NO. 3220-0145
1. RRB Claim Number	2. Payee Code	5. Claimed country of citizenship.	
3. Your United States Taxpayer Identification Number		6. Claimed country of legal residence. Note: If this is different than the country shown in Item 4, you must submit proof of residency.	
4. Name and Address		7. Do you claim exemption under any tax treaty in effect between your country of legal residence and the United States? Note: To receive an exemption, you must comply with certain requirements. See Form TB-26 for more information about claiming an exemption.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		8. United States Passport Number only Note: Passport cannot be expired.	
		9. I understand that making a false or fraudulent statement to the RRB is a crime punishable by Federal law. I certify that the information provided on this certificate is true, complete, and correct. I will notify the RRB within 30 days of any change in this information. Signature _____ Date _____ This certificate MUST BE SIGNED to be valid. Form RRB-1001 (08-19)	

ChooseOne

you reside outside
Item
someone other than you
you did not sign