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Most forms and publications have a page on IRS.gov: <u>IRS.gov/Form1040</u> for Form 1040; <u>IRS.gov/Pub501</u> for Pub. 501; <u>IRS.gov/W4</u> for Form W-4; and <u>IRS.gov/ScheduleA</u> for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at IRS.gov/FormsComments. Include "NTF" followed by the form or pub number (for example, "NTF1040", "NTFW4", "NTF501, etc.) in the body of the message to route your message properly. 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, but we will review each "NTF" message. 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>.

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

(Rev. March 2024)	Department of the Treasury - Internal Revenue Service	OMB No. 1545-000
Employer identification number (EIN)		Return You're Correcting Enter the calendar year of the return
RRB number		you're correcting:
Name (as shown on latest Form CT-		(YYYY)
Address	EAJUN	
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	UJE
	s before completing this form. Use this form to correct err n. Use a separate Form CT-1 X for each year that needs co	
naiiroad Keuremeni Jax Ketur	IL USE a sevarate form UT-TA for each year that needs co	inection. Type of print within the poxes. You

MUST complete all five pages. Don't attach this form to Form CT-1 unless you're reclassifying workers; see the instructions for line 42.

Select ONLY one process. See page 6 for additional guidance, including information on how to treat employment Part 1: 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 tax amounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting both underreported and overreported tax amounts on this form. The amount shown on line 26, if less than zero, may only be applied as a credit to your 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 of the 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 required.

Note: 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 tax amounts, for purposes of the certifications on lines 4 and 5, Employee Railroad Retirement Tax Act (RRTA) taxes consist of Tier 1 Employee tax, Tier 1 Employee Medicare tax, and Tier 2 Employee tax. Employer RRTA taxes consist of Tier 1 Employer tax, Tier 1 Employer Medicare tax, and Tier 2 Employer tax. Form CT-1 X can't be used to correct overreported amounts of Tier 1 Employee Additional Medicare Tax unless the amounts weren't withheld from employee compensation.

4. If you checked line 1 because you're adjusting overreported amounts, check all that apply. You must check at least one box.

I certify that:

a. I repaid or reimbursed each affected employee for the overcollected RRTA taxes for prior years. I have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.

b. The adjustments are only for Employer RRTA taxes. I couldn't find the affected employees or each affected employee didn't give me a written statement that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.

c. The adjustment is for RRTA taxes and/or Tier 1 Employee Additional Medicare Tax that I didn't withhold from employee compensation.

5. If you checked line 2 because you're claiming a refund or abatement of overreported RRTA taxes, check all that apply.

You must check at least one box.

I certify that:

a. I repaid or reimbursed each affected employee for the overcollected Employee RRTA taxes for prior years. I have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.

b. I have a written consent from each affected employee stating that I may file this claim for Employee RRTA taxes overcollected in prior years. I also have a written statement from each affected employee stating that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.

c. The claim is for Employer RRTA taxes only. I couldn't find the affected employees; each affected employee didn't give me a written consent to file a claim for Employee RRTA taxes; or each affected employee didn't give me a written statement that they haven't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.

d. The claim is for RRTA taxes and/or Tier 1 Employee Additional Medicare Tax that I didn't withhold from employee compensation.

Name				Employer i	dent	ification number (EIN)	Correcting Cal	endar Year (YYYY)
Part 3	Part 3: Enter the corrections for the calendar year you're correcting. If any line doesn't apply, leave it blank.							
		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
6.	Tier 1 Employer Tax- 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)			КЛГ	-		See instructions	
9.	Tier 1 Employee Tax – Compensation (Form CT-1, line 4)			WE	=	U	× 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, line 6)		_	Ut		AF	× 0.009* =	
			* Ce	rtain compensation repo	orted	in Column 3 shouldn't be	multiplied by 0.00	9. See instructions.
12.	Tier 2 Employee Tax – Compensation (Form CT-1, line 7)	nh	-		=	D . C	See instructions	00
13.	Tier 1 Employer Tax—Sick Pay (Form CT-1, line 8)				=	6,.4	× 0.062 =	20
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)		_		=	in Column 3 shouldn't be	$\times 0.009^* = $	
							. –	
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 [1 1		7		See	
	April 1, 2021 (Form CT-1, line 16)		_		=		instructions	
20a.	Nonrefundable portion of employee retention credit* (Form CT-1, line 17a (line 17 for calendar		1 1		7		See	
	year 2020))	-	_		=	•	instructions	•
20b.	Nonrefundable portion of credit for qualified sick and family leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line	Line 20a can only be us	ed if	correcting a 2020 or 202	7	rm CT-1.	See	
	17b)	•	-	•	=	·	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)] _ [] =]	
21.	Subtotal. Combine the amounts	on lines 6 through	20c	of Column 4			[

Name				Employer id	entification number (EIN)	Correcting C	alendar Year (YYYY)
Part	3: Enter the corrections for th	e calendar year yo	u're corre	 cting. If any	line doesn't apply, lea	ave it blank	. (continued)
		Column 1	C	Column 2	Column 3		Column 4
		Total corrected amount (for ALL employees)	reported	originally d or as sly corrected 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)	Line 22 can only be used	d if correcting	a 2020 Form CT	-1.	See instructions	<u> </u>
23.	Deferred amount of the Tier 1 Employee Tax* (Form CT-1, line 22)	Line 23 can only be used	d if correcting	a 2020 Form CT	=	See instructions	
24.	Refundable portion of credit for qualified sick and family leave compensation for leave taken before April 1, 2021 (Form CT-1, line 23)) (1E		See	
25a.	Refundable portion of employee retention credit* (Form CT-1, line 24a (line 24 for calendar year 2020))	Line 25a can only be use	-	a 2020 or 2021	Form CT-1.	See instructions	
25b.	Refundable portion of credit for qualified sick and family leave compensation for leave taken after March 31, 2021, and before						
25c.	October 1, 2021 (Form CT-1, line 24b) Refundable portion of COBRA	nh			-9.0	See instructions	93
230.	premium assistance credit (Form CT-1, line 24c)				-6	See instructions	60
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 own	s is the amount yo	u owe. Pa	y this amour	nt by the time you file t	his return. F	or information on
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 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.	for the employee retention credit* (Form CT-1, line 35)	Line 31 can only be used	_		=]	

Name			Employer identi	fication number (EIN)	Correcting Calendar Year (YYYY)
Part	3: Enter the corrections for the	aalandar vaar vou'r		o doosn't annly log	we it blank (continued)
Part	Caution: Lines 33-40 don't apply to ye			e doesn't apply, lea	
	Caution. Lines 00-40 don't apply to ye			Oslama 0	
		Column 1 Total corrected	Column 2 Amount originally	Column 3 Difference	
33.	Qualified sick leave compensation	amount (for ALL	reported or as previously corrected (for ALL employees)	(If this amount is a negative number, use a minus sign.)	2C
55.	for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 36)		=		
34.	Qualified health plan expenses allocable to qualified sick leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 37)		MB	US	SE
35.	Amounts under certain collectively bargained agreements allocable to qualified sick leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 38)	-		ΔF	Т
36.	Qualified family leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 39)		=		
37.	Qualified health plan expenses allocable to qualified family leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 40)	nbe	r 1	2, 2	2023
38.	Amounts under certain collectively bargained agreements allocable to qualified family leave compensation for leave taken after March 31, 2021, and before October 1, 2021 (Form CT-1, line 41)				Ε
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)	Line 39 can only be used if c	= . porrecting a 2021 Form CT-1.		
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)		=		
		Line 40 can only be used if c	correcting a 2021 Form CT-1.	· .	

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Form CT-1 X (Rev. 3-2024)

Nam	e	Er	mployer identification number (EIN)	Correcting Calendar Year (YYYY)
Pa	rt 4:	Explain your corrections for the calendar year you're corrections		
	41.			ounts.
	42.	Check here if any corrections involve reclassified workers. Explain of	on line 43.	
	43.	You must give us a detailed explanation for how you determined yo	our corrections. See the instructions	
			-10 0	
		ecenner		
			,	
Pa	rt 5:	Sign here. You must complete all five pages of this form and	d sign it.	

Under penalties of perjury, I declare that I have filed an original Form CT-1 and that I have examined this adjusted return or claim, including any 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 your name here	/	Print your name here Print your title here Best daytime pho	one	
Paid Preparer Use (Dnly	Check if you'r	e self-employe	ed
Preparer's name			PTIN	
Preparer's signature			Date	/ /
Firm's name (or yours if self-employed)			EIN	
Address			Phone	
City		State	ZIP code	

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

Type of errors
you're
correctingUnless 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	 Check the box on 	 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. OR Choose the claim process if you want the amount			
			shown on line 26 refunded to you or abated. Check the box on line 2.			
	UN	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	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	Choose either the adjustment process or both the adjustment process and the claim process when you correct both underreported and overreported tax amounts.			
tax amounts	DO	expires	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. 1. 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. 1. 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.			