| Form <b>CT</b> -<br>(Rev. July 19                                   | Fmnlovee Penresentative's Ouarterly Pailroad Tay Peturn   | (       | OMB No. 1545-0002<br>Expires 3-31-95 |  |
|---|---|---------|--------------------------------------|--|
| 1 Total wo  | 1 Total work-hours for which compensation was paid during this quarter  |         |                                      |  |
| 2 Taxable   | 2 Taxable compensation paid during this quarter subject to Tier I tax \$  |         |                                      |  |
|   | 3 Taxable compensation paid during this quarter subject to Tier I Medicare tax \$   |         |                                      |  |
|   | 4 Taxable compensation paid during this quarter subject to Tier II tax \$   |         |                                      |  |
|   | 5 Credit (attach explanation in duplicate)  |         |                                      |  |
| 6 Total tax   | 6 Total taxes for quarter (add lines 1 through 4, subtract line 5). Pay to the INTERNAL REVENUE SERVICE •   |         |                                      |  |
|   | alties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and is true, correct, and complete. |         | , ,                                  |  |
|   | is true, correct, and complete.   |         | , 19                                 |  |
| and belief, it  | is true, correct, and complete.   | Т       | , C                                  |  |
| and belief, it  Signature ▶  Please Be Sure To                      | is true, correct, and complete.  Date ▶   | T       | , 19                                 |  |
| and belief, it  Signature ▶  Please Be Sure To Enclose              | is true, correct, and complete.  Date ▶   | T<br>FI | , 19<br>F                            |  |
| and belief, it  Signature ▶  Please Be Sure To                      | is true, correct, and complete.  Date ▶   |         | , 19<br>F                            |  |
| Signature ►  Please Be Sure To Enclose Your Payment With This       | is true, correct, and complete.  Date ▶   | FI      | , 19<br>F                            |  |
| and belief, it  Signature ▶  Please Be Sure To Enclose Your Payment | is true, correct, and complete.  Date ▶   | FI      | , 19<br>F                            |  |

## **General Information**

Paperwork Reduction Act Notice.—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 26 min.; Learning about the law or the form, 13 min.; Preparing the form, 31 min.; Copying, assembling, and sending the form to the IRS, 17 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Attention: Reports Clearance Officer, T:FP, Washington, DC 20224; and the **Office of Management and Budget**, Paperwork Reduction Project (1545–0002), Washington, DC 20503. DO NOT send this form to either of these addresses. Instead, see **Where To File** on the back of the **TAXPAYER'S COPY**.

**Purpose of Form.**—Use this form to report railroad retirement tax imposed on employee representatives.

**Railroad Retirement Taxes.**—The Railroad Retirement Tax Act imposes two taxes on an employee representative. One is based on compensation and the other is based on work-hours.

Taxes based on compensation.—These taxes are divided into Tier I and Tier II taxes. The amount of the compensation subject to each tax is different.

The Tier I tax rate for 1993 is 12.4%. It applies only to the first \$57,600 paid during 1993 for services performed as an employee representative. The Tier I Medicare tax is 2.9%. It applies only to the first \$135,000 paid during 1993 for services performed as an employee representative.

The Tier II tax rate for 1993 is 14.75%. It applies only to the first \$42,900 paid during 1993 for services performed as an employee representative.

Tax based on work-hours.—This supplemental tax is 31 cents for each work-hour for which compensation is paid during the quarter. Employee representatives will be told by the Railroad Retirement Board the tax rate for each quarter before the quarter begins.

Railroad Unemployment Repayment Tax.—For January through June 1993, the rate for Railroad Unemployment Repayment Tax previously reported on this form was 4% on the first \$810 of rail wages paid each month.

## **Definitions**

1. Employee Representative.—The term "employee representative" is defined in the Railroad Retirement Tax Act (section 3231(c) of the Internal Revenue Code). It means:

(Continued on back of DUPLICATE)

|          | Form <b>CT-2</b> (Rev. July 1993)                  | Department of the Treasury—Internal Revenue Employee Representative's Quarterly Ra |                             |   | MB No. 1545-0002<br>Expires 3-31-95 |  |
|----------|--|--|-----------------------------|---|-------------------------------------|--|
|          | 1 Total work-hours                                 | for which compensation was paid during this quarter                                | × \$0.31                    | 1 |                                     |  |
|          | 2 Taxable compens                                  | 2  |                             |   |                                     |  |
|          | 3 Taxable compensati                               | 3  |                             |   |                                     |  |
|          | 4 Taxable compens                                  | 4  |                             |   |                                     |  |
| IJ       | 5 Credit (attach exp                               | 5  |                             |   |                                     |  |
| DETA     | 6 Total taxes for qu                               | 6  |                             |   |                                     |  |
| DO NOT D | File this duplicate copy with the original return. |  |                             |   |                                     |  |
|          |  |  |                             |   |                                     |  |
|          |  | ee representative's name, address, and social security number, and name            | Return for Calendar Quarter |   | DUPLICATE                           |  |

## General Information—(Continued from back of ORIGINAL)

- (a) Any officer or official representative of a railway labor organization that is not included as an employer as defined in section 3231(a) of the Code who (1) was in the service of an employer and (2) is authorized and designated to represent employees in accordance with the Railway Labor Act, as amended; and
- (b) Any individual who is regularly assigned to or regularly employed by an employee representative as defined in (a) above in connection with the duties of the employee representative's office.
- 2. Compensation.—The term "compensation" means payment in money, or in something that may be used instead of money, for services rendered as an employee representative. It does not include sickness or accident disability payments received (a) under a workmen's compensation law, (b) under section 2(a) of the Railroad Unemployment Insurance Act for days of sickness due to on-the-job injury, (c) under the Railroad Retirement Act, or (d) more than 6 months after the calendar month the employee representative last worked for the railway labor organization.

Nor does it include payments for medical or hospital expenses connected with such disabilities. It also does not include payments for traveling or other necessary expenses made separately or designated specifically as travel or business expenses when combined in a payment for services rendered.

If an individual performs services as both an employee representative and as an employee, and if the total pay for these services is more than the applicable maximum, subtract the pay as an employee from the maximum to get the amount subject to the employee representative tax.

Compensation is considered paid when actually paid or when constructively paid.

Constructively paid means that the pay (a) has been credited to the employee representative's account or set apart with no limit or condition on how or when the payment will be made and (b) is available to draw on at any time and to control.

3. Work-hours.—For an explanation of work-hours, see Supplemental Tax in the Instructions for Form CT-1.

Who Must File.—As an employee representative, you must file a return for the first quarter in which you are paid taxable compensation for services you rendered as a representative. Continue filing returns for each quarter, even if you are not paid taxable compensation. When your taxable compensation payments stop completely, file a return marked "Final Return." Attach to the final return a statement giving the name of the person keeping your records and the address where they will be kept.

(Continued on back of TAXPAYER'S COPY)

| COPY |  |
|------|--|
| THIS |  |
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| DE   |  |

|   | Form <b>CT-2</b> (Rev. July 1993) | Employee Representative's Quarterly Railroad Tax Return                             |   | DMB No. 1545-0002<br>Expires 3-31-95 |
|---|-----------------------------------|---|---|--------------------------------------|
|   | 1 Total work-hours                | for which compensation was paid during this quarter                                 | 1 |                                      |
|   |                                   | ation paid during this quarter subject to Tier I tax \$                             | 2 |                                      |
| չ |                                   |   | 3 |                                      |
| Ō | 4 Taxable compens                 | on paid during this quarter subject to Tier I Medicare tax \$                       | 4 |                                      |
| S | 5 Credit (attach exp              | olanation in duplicate)   | 5 |                                      |
| Ŧ | 6 Total taxes for qu              | arter (add lines 1 through 4, subtract line 5). Pay to the INTERNAL REVENUE SERVICE | 6 |                                      |

Before filing return, examine each copy in order to be certain that the period for which the return is filed is shown, and that correct entries are made on lines 1 through 6, in accordance with the instructions.



Employee representative's name, address, and social security number, and name of organization represented, exactly as shown on original.

Return for Calendar Quarter (Months and year as on original)

TAXPAYER'S COPY

## Instructions

- Line 1. Multiply the work-hours for which compensation was paid by \$0.31.
- **Line 2.** Multiply the compensation subject to Tier I tax by 12.4%. This applies to only the first \$57,600 paid during 1993 for services performed as an employee representative.
- **Line 3.** Multiply the compensation subject to Tier I Medicare tax by 2.9%. This applies to only the first \$135,000 paid during 1993 for services performed as an employee representative.
- **Line 4.** Multiply the compensation subject to Tier II tax by 14.75%. This applies to only the first \$42,900 paid during 1993 for services performed as an employee representative.
- **Line 5. Credit.**—Enter any credit for an overpayment of tax, penalty, or interest erroneously paid for an earlier quarter. Attach two copies of a detailed statement explaining the credit claimed.

**Signature.**—You or your authorized agent must sign each return. **Name**, address, etc.—Type or print your name, address, and social security number, and the name of the labor organization for which you render services. If the IRS has preaddressed the form, check to be sure it is correct. If incorrect, please make any necessary changes.

**Return for Calendar Quarter.**—The IRS usually fills in this space. If it is blank, enter the months of the quarter and the year of the return. For example, show the first quarter of 1993 as "Jan., Feb., Mar. 1993"

Where To File.—This return contains three copies of Form CT-2. Send both the ORIGINAL and DUPLICATE to the Internal Revenue Service Center, Kansas City, MO 64999. Keep the TAXPAYER'S COPY for your records.

When To File.—Due dates for filing the return and paying the tax each quarter are as follows:

Quarter covered:Due by:January, February, MarchMay 31April, May, JuneAugust 31July, August, SeptemberNovember 30

October, November, December Last day of February

If you stop being paid taxable compensation, send a return marked

"Final Return," as explained under **Who Must File. Penalties and Interest.**—The law provides a penalty for late filing or

**Penalties and Interest.**—The law provides a penalty for late filing or late payment unless you can show a reasonable cause for the delay. If you are unavoidably late in filing a return or paying the taxes, send a full written explanation with the return.

**Records.**—You must keep records pertaining to employee representative taxes for at least 4 years after the taxes they pertain to become due or the date the taxes were paid, whichever is later.

**Privacy Act Information.**—See the Instructions for Form 1040, 1040A, or 1040EZ for the Privacy Act Notices.