

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE

**UNITED STATES RAILROAD RETIREMENT BOARD**

844 N RUSH ST CHICAGO IL 60611-2092

PAYER'S FEDERAL IDENTIFYING NO. 15-6XXXXXX

1. Claim Number and Payee Code

2. Recipient's Identification Number

Recipient's Name, Street Address, City, State, and Zip Code

**2015**

**PAYMENTS BY THE  
RAILROAD RETIREMENT BOARD**

3. Gross Social Security Equivalent Benefit  
Portion of Tier 1 Paid in 2015

4. Social Security Equivalent Benefit  
Portion of Tier 1 Repaid to RRB in 2015

5. Net Social Security Equivalent Benefit  
Portion of Tier 1 Paid in 2015

6. Workers' Compensation Offset in 2015

7. Social Security Equivalent Benefit  
Portion of Tier 1 Paid for 2014

8. Social Security Equivalent Benefit  
Portion of Tier 1 Paid for 2013

9. Social Security Equivalent Benefit  
Portion of Tier 1 Paid for Years  
Prior to 2013

10. Federal Income Tax Withheld

11. Medicare Premium Total

**COPY C -**

**FOR  
RECIPIENT'S  
RECORDS**

**THIS  
INFORMATION  
IS BEING  
FURNISHED  
TO THE  
INTERNAL  
REVENUE  
SERVICE.**

**FORM RRB-1099**

**DO NOT ATTACH TO YOUR INCOME TAX RETURN**