PAYER'S NAME, STREET ADDRESS, CITY STATE, AND ZIP CODE UNITED STATES RAIL ROAD RETIREMENT BOARD	2008	PAYMENTS BY THE RAILROAD RETIREMEN	T BOARD
844 N RUSH ST CHICAGO IL 60611-2092 PAYER'S FEDERAL DENTIFYING NO. 36-3314600	Gross Social Security Equivale Portion of Tier 1 Paid in 2008	nt Benefit	
. Claim Number and Payee Code	Social Security Equivalent Ben Portion of Tier 1 Repaid to RRB	efit B in 2008	
Recipient's Identification Number	5. Net Social Security Equivalent Portion of Tier 1 Paid in 2008	Benefit	COPY C
decipient's Name, Street Address, City, State, and Zip Code	6. Workers' Compensation Offset	in 2008	RECIPIENT'S RECORDS.
	7. Social Security Equivalent Ben Portion of Tier 1 Paid for 2007	efit	THIS
1	Social Security Equivalent Ben Portion of Tier 1 Paid for 2006	efit	INFORMATION IS BEING FURNISHED
	Social Security Equivalent Ben Portion of Tier 1 Paid for Years Prior to 2006	efit	TO THE INTERNAL REVENUE
1 ///	10. Federal Income Tax Withheld	11. Medicare Premium Total	SERVICE.
ORM RRB-1099	DO NO	FATTACH TO YOUR INCOME T	AX RETUI
PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP CODE	2008	ANNUITIES OR PENSIONS BY	

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZII UNITED STATES RAIL ROAD RETIREMENT E 844 N RUSH ST CHICAGO IL 60611-2092 PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	7)1110	ANNUITIES OR PENSIONS BY THE RAILROAD RETIREMENT BOARD
Claim Number and Payee Code	4. Contributory Amount Paid	COPY C -
2. Recipient's Identification Number	5. Vested Dual Benefit	FOR RECIPIENT'S
Recipient's Name, Street Address, City, State, and Zip Code	6. Supplemental Annuity 7. Total Gross Paid (Sunfor boxes 4, 5 and 6)	RECORDS.
	Repayments Federal Income Tax Withheld	THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE.
	10. Rate of Tax	11. Country 12. Medicare Premium Total

FORM RRB-1099-R

DO NOT ATTACH TO YOUR INCOME TAX RETURN

PAYER'S NAME, STREET ADDRESS, CITY, STATE, AND ZIP	ANNUITIES OR PENSIONS BY THE
UNITED STATES RAILROAD RETIREMENT BO	DARD 2000 RAILROAD RETIREMENT BOARD
844 N RUSH ST CHICAGO IL 60611-2092	3. Employee Contributions
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	
Claim Number and Payee Code	Contributory Amount Paid
	COPY 2 -
2. Recipient's Identification Number	5. Vested Duar Benefit
Recipient's Name, Street Address, City, State, and Zip Code	6. Supplemental Annuity
	FILE THIS COPY WITH YOUR
	7. Total Gross Pelid (Sum of boxes 4, 5 and 6) STATE, CITY, OR LOCAL INCOME TAX RETURN, WHEN
	REQUIRED.
	8. Repayments
	9. Federal Income Tax Withheld
	William
	10. Rate of Tax 12. Medicare Premium Total

FORM RRB-1099-R

UNITED STATES RAILROAD RETIREMENT BO		RAILROAD RETIREMENT BOARD
844 N RUSH ST CHICAGO IL 60611-2092	3. Employee Contributions	
PAYER'S FEDERAL IDENTIFYING NO. 36-3314600	\ \	
Claim Number and Payee Code	Contributory Amount Paid	COPY B -
2. Recipient's Identification Number	5. Vested Dual Benefit	REPORT THIS INCOME ON YOUR FEDERAL TAX
Recipient's Name, Street Address, City, State, and Zip Code	6. Supplemental Annuity	RETURN. IF THIS FORM SHOWS FEDERAL INCOME
	7. Total Gross Paid (Sum of boxes 4, 5 and 6)	TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO YOUR RETURN.
	8. Repayments	THIS INFORMATION IS BEING
	Federal Income Tax Withheld	FURNISHED TO THE INTERNAL REVENUE SERVICE.
	10. Rate of Tax	11. Country 12. Medicare Premium Total

FORM RRB-1099-R