

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.

1. Claim Number and Payee Code

2. Recipient's Identification Number

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

3. Employee Contributions

4. Contributory Amount Paid

5. Vested Dual Benefit

6. Supplemental Annuity

7. Total Gross Paid  
(Sum of boxes 4, 5, and 6)

8. Repayments

9. Federal Income Tax  
Withheld

10. Rate of Tax

# 2016

**ANNUITIES OR PENSIONS BY THE  
RAILROAD RETIREMENT BOARD**

**COPY B -**

**REPORT THIS INCOME ON  
YOUR FEDERAL TAX  
RETURN. IF THIS FORM  
SHOWS FEDERAL INCOME  
TAX WITHHELD IN BOX 9  
ATTACH THIS COPY TO  
YOUR RETURN.**

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

11. Country

12. Medicare Premium Total

**FORM RRB-1099-R**