

No. 17-1042

IN THE
Supreme Court of the United States

BNSF RAILWAY COMPANY,

Petitioner,

v.

MICHAEL D. LOOS,

Respondent.

ON WRIT OF CERTIORARI TO THE UNITED STATES COURT
OF APPEALS FOR THE EIGHTH CIRCUIT

SUPPLEMENTAL APPENDIX

CHARLES G. COLE
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Counsel for Petitioner



TABLE OF CONTENTS

Page

EXHIBITS A-C TO APPENDIX B — PARTIAL
SATISFACTION OF JUDGMENT OF THE
UNITED STATES DISTRICT COURT, DISTRICT OF
MINNESOTA, FILED FEBRUARY 29, 2016 SA1



2015 - Worksheet to Calculate RRT Due
Personal Injury Settlement Allocated to Time Lost

Claimant's Name	Michael Loos	Your Name	Brent Hills
Employee ID Number	1217728	Phone	701-280-7216
Allocation Amount	30,000.00 A	Fax	

(daily rate X 10 X # months)

Payroll Contact
Don Lee
Email:

PAYROLL DEPARTMENT USE ONLY

	Tier II	Tier I	Medicare	Medicare
Maximum Compensation for Year	B \$ 88,200.00	\$ 118,500.00	\$ no limit	Earnings > \$200,000 no limit
Less - YTD Wage (from payroll records)	C (-)	(-)	(N/A)	(N/A)
Max amt Taxable (B - C)	D 88,200.00	118,500.00	30,000.00	
Amount subj. to tax (lesser of A & D)	E 30,000.00	30,000.00	30,000.00	
Tax Rates	F 4.90%	6.20%	1.45%	0.90%
Taxes to Withhold (E x F)	\$ 1,470.00	\$ 1,860.00	\$ 435.00	\$ -
Employer Tax Rates	G 13.10%	6.20%	1.45%	N/A
Employer Taxes Due (E x G)	\$ 3,930.00	\$ 1,860.00	\$ 435.00	\$ N/A
Total Taxes Employee				3,765.00
Total Taxes Employer				6,225.00
Total Taxes Employee and Employer				9,990.00

Payroll signature: *Don Lee* Date: 9/24/15

Revised 01/03/2015

P:\Tax\State Withholding\Personal Injury Worksheet2015\N. Loos Tax Worksheet 2015.xlsx\Sheet1



Welcome To EFTPS - Payments

Page 1 of 1

TAXPAYER NAME: BNSF RAILWAY COMPANY

TIN: xxxxx4000

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270643942017420
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Payment Information	Entered Data
Taxpayer EIN	xxxxxx4000
Tax Form	CT-1 Railroad Retirement
Tax Type	Federal Tax Deposit
Tax Period	2016
Payment Amount	\$8,000.00
Settlement Date	02/08/2016
Account Number	xxxx9171
Account Type	CHECKING
Routing Number	071000152
Bank Name	THE NORTHERN TRUST COMPANY



<https://www.eftps.gov/eftps/payments/payment-confirmation-flow?execution=e6s2>

2/5/2016

Go Home Wage Types Error System Help

Payroll Results Adjustment

Cost center

Personnel ID: 1217722 | Last Name: Loos, Michael P
 Scheduled: Integration: default person
 Orig Hrs: 03/02/1993, Transportation
 Check date: 02/05/2014
 Withdra. El Fr: 11/30/2012
 WILLMAR
 Full Time

- Person - BHSF
- Collective search help
- Search Term
- Free search

Payroll Results Adjustment

Pay ID: 1A BY: ENDA
 OC reason: PIND: Personal Injury Adjustment
 Adjustment status: Currency: USD
 Data entry: Sequence no.: 0

Wage type text	Tax	Tax authority text	Number	Amount	B. Plan
/455 EE Railroad Rtrnc Twr1 FED	FED	Federal		1,860.00	
/456 EE Railroad Rtrnc Twr2 FED	FED	Federal		1,470.00	
/457 ER Railroad Rtrnc Twr1 FED	FED	Federal		1,860.00	
/458 ER Railroad Rtrnc Twr2 FED	FED	Federal		3,930.00	
/459 EE Medicare Tax	FED	Federal		435.00	
/440 ER Medicare Tax	FED	Federal		435.00	
/785 RE EE Railroad Rtrnc FED	FED	Federal		30,000.00	
/786 RE EE Railroad Rtrnc FED	FED	Federal		30,000.00	
/787 RE ER Railroad Rtrnc FED	FED	Federal		30,000.00	
/788 RE ER Railroad Rtrnc FED	FED	Federal		30,000.00	

9,990.00

Net check amount: 5,785.00-
 Entry: 1 of 10

Prints Window Contents

Home	Search	Site Map	Contact Us	Employee Online Services
RRB Employer Reporting System				Logout
New Items (7)	Pending Items (1)	Completed Items	Forms	My Account
Reports				

US Railroad Retirement Board Form Approved
OMB No. 3220-0008
Form BA-4(01-08)

Form BA-4: Report of Creditable Compensation Adjustments

Year:	2011	Employer BA Number:	1621
Social Security Number:	*****2995	<input checked="" type="radio"/> Increase <input type="radio"/> Decrease	
Last Name:	First Name:	Middle Initial:	
LOOS	MICHAEL		

Service Months

To adjust service months, click the appropriate checkbox in the "Adjusted" row.
Adjustment and new amount values will be calculated automatically.

Current:	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec
Adjusted:	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec

	Current Amount	Adjustment Amount	New Amount
Months:	8	4	12

Compensation Amounts

Enter only adjusted compensation amounts. New amount values will be calculated automatically.

	Maximum for 2011	Current Amount	Adjustment Amount	New Amount
RUIA:	15960.00	10437.10	<input type="text" value="5320.00"/>	15757.10
RUIAll:	20616.00	13541.10	<input type="text" value="6872.00"/>	20413.10
Tier I:	106800.00	36576.12	<input type="text" value="30000.00"/>	66576.12
Tier II:	79200.00	36576.12	<input type="text" value="30000.00"/>	66576.12
Misc./Sick Pay:		0.00	<input type="text" value="0.00"/>	0.00

Daily Pay Rate

Enter the full daily pay rate if Form BA-4 is being submitted in lieu of Form BA-3, for year above.

Is the adjustment amount outside the statute of limitations?
If no, skip this section. If yes, select the applicable reason.

Public Law Board Award
 Settlement Allocation
 Wage Continuation Plan
 ORRB Request
 Other Pay for Time Lost Allocation

EXHIBIT


C


Clear Selection

The information contained in this report is required by law under Section 9 of the Railroad Retirement Act(RRA) and Section 6 of the Railroad Unemployment Insurance Act(RUIA). By approving this form, I affirm that to the best of knowledge, the information I have given is true, complete and correct. I understand that failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.


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USA.gov

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