



Federal State Employment Taxes Test Cases

Table of Contents

Test 1: Form IL-501 with Debit Authorization

Test 2: Form IL-941 with Debit Authorization

Test 3: Form IL-941 without Debit Authorization

Test 4: Form UI-3/40 without Debit Authorization

Test 5: Form UI-3/40 with Debit Authorization

Test 6: Form UI-3/40

Part I - General Information

Section 1 – Overview

Participants who are software developers and/or transmitters that will transmit directly to the “Illinois Gateway” will enroll using their IRS-assigned EFIN and ETIN. They will also have to successfully complete testing to be accepted in the program. A “test” password will be assigned for this purpose upon registration. Once testing is successfully completed, a “production” password is assigned to approved transmitters.

Part I - General Information

Section 2 - Contact Information

General Questions - Withholding Income Tax:

TAXPAYER ASSISTANCE DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19044
SPRINGFIELD IL 62794-9044
1 800 732-8866 or 217 782-3336
1 800 544-5304 – TDD (telecommunications device for the deaf)
www.tax.illinois.gov

General Questions - for Illinois FSET or enrollment using Form IL-8633-B:

ELECTRONIC COMMERCE DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19479
SPRINGFIELD IL 62794-9479
217 524-4767 or 1 866 440-8680 (8:00 a.m. – 4:30 p.m.)

Technical Questions or system failures - “Illinois Gateway”:

ELECTRONIC COMMERCE SUPPORT
217 782-3791 (7:00 a.m. – 4:15 p.m.)

Technical Questions - regarding FSET schemas or acknowledgments for withholding:

ELECTRONIC COMMERCE DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19479
SPRINGFIELD IL 62794-9479
217 524-4767 or 1 866 440-8680 (8:00 a.m. – 4:30 p.m.)

General Questions - Unemployment Insurance (FSET program only):

TaxNet HELP DESK
ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY
33 SOUTH STATE ST,
CHICAGO IL 60603
1 800 247-4984 (8:30 a.m. - 5:00 p.m.)

If you have a question about a specific tax return or payment, it will expedite matters if you have a confirmation number or a SubmissionId to identify the item in question.

Test Case 1

Contents: Form IL-501 with Debit Authorization

Taxpayer Identification Information:

Business Name:	Moms Cookies
Federal Employer Identification Number (FEIN):	37-5094172
Sequence Number:	000
Address:	175 Shoppers Plaza Saint Charles IL 60174-1524 630-584-0661

IL-501 Information:

Tax Year:	Current Year
Quarter:	1, 2, 3 or 4
Debit Authorization Amount:	\$1,458.75
Settlement Date:	Timely date for quarter selected

Test Case 2

Contents: Form IL-941 with Debit Authorization

Taxpayer Identification Information:

Business Name:	Debs Design
Federal Employer Identification Number (FEIN):	37-0246288
Sequence Number:	000
Address Change	X
Address:	2007 W Main Street Madison IN 47250-0725 812-265-2556

IL-941 Information:

ReturnQuarter:	2nd
Line A: NumberOfEmployees:	0
Line C: Secure Choice	X
Line 1: WHTaxableWages:	\$12,075.00
First Month Payroll Activity:	
ActivityDay:	4
LiabilityAmount:	\$80.50
ActivityDay:	10
LiabilityAmount:	\$100.25
ActivityDay:	23
LiabilityAmount:	\$10.25
ActivityDay:	30
LiabilityAmount:	\$10.25
Line 2a: TotalMonth1Liability:	\$201.25
Second Month Payroll Activity:	
ActivityDay:	5
LiabilityAmount:	\$50.00
ActivityDay:	11
LiabilityAmount:	\$60.00
ActivityDay:	21
LiabilityAmount:	\$21.50
ActivityDay:	27
LiabilityAmount:	\$70.00
Line 2c: TotalMonth1Liability:	\$201.25
Third Month Payroll Activity:	
ActivityDay:	1
LiabilityAmount:	\$50.25
ActivityDay:	10
LiabilityAmount:	\$50.25
ActivityDay:	19
LiabilityAmount:	\$50.25
ActivityDay:	28
LiabilityAmount:	\$50.25
Line 2d: TotalMonth1Liability:	\$201.00

Test Case 2 continued

Line 2: TotalQuarterLiability:	\$603.75
Line 3: CreditAmount; CreditType, DCEO:	\$12.25
Line 4: WHPaymentsorDeposits:	\$50.25
Line 5: PaymentsOverPaymentPrevious:	\$50.00
Line 6: WHTotalPayments:	\$112.50
Line 7: WHAmountDue:	\$491.25
AuthorizeThirdPartyElect:	X
PreparerPersonName:	John Doe
PTIN:	P12345678
Phone:	217-555-5555

Financial Transaction Information:

StatePayment	
Checking:	X
RoutingTransitNumber:	071109338
BankAccountNumber:	0000000001
PaymentAmount:	\$491.25
AccountHolderName:	Debbie Monkman
AccountHolderType:	1
RequestedPaymentDate:	2017-07-15

AddendaRecord

TaxTypeCode, FTACode:	112
StateTaxTypeCode:	00
NotIATTransaction:	X

Test Case 3

Contents: Form IL-941 without Debit Authorization

Taxpayer Identification Information:

Business Name:	Clark Chemicals
Federal Employer Identification Number (FEIN):	37-1520480
Sequence Number:	000
Address:	PO Box 308 Maywood IL 60153-0308 708-343-4800

IL-941 Information:

ReturnQuarter:	4 th
Line A: NumberOfEmployees:	54
Line B: DateFinalWagesPaid:	12/31/2017
Line 1: WHTaxableWages:	\$125, 985.00
First Month Payroll Activity:	
ActivityDay:	5
LiabilityAmount:	\$350.00
ActivityDay:	10
LiabilityAmount:	\$350.00
ActivityDay:	15
LiabilityAmount:	\$350.00
ActivityDay:	20
LiabilityAmount:	\$350.00
ActivityDay:	25
LiabilityAmount:	\$350.00
ActivityDay:	30
LiabilityAmount:	\$349.75
Line 2a: TotalMonth1Liability:	\$2,099.75
Second Month Payroll Activity:	
ActivityDay:	1
LiabilityAmount:	\$190.00
ActivityDay:	4
LiabilityAmount:	\$190.00
ActivityDay:	7
LiabilityAmount:	\$190.00
ActivityDay:	10
LiabilityAmount:	\$190.00
ActivityDay:	13
LiabilityAmount:	\$190.00
ActivityDay:	16
LiabilityAmount:	\$190.00
ActivityDay:	19
LiabilityAmount:	\$190.00
ActivityDay:	22
LiabilityAmount:	\$190.00

Test Case 3 continued

ActivityDay:	25
LiabilityAmount:	\$190.00
ActivityDay:	28
LiabilityAmount:	\$190.00
ActivityDay:	31
LiabilityAmount:	\$190.75
Line 2c: TotalMonth1Liability:	\$2,099.75
Third Month Payroll Activity:	
ActivityDay:	24
LiabilityAmount:	\$2,099.75
Line 2d: TotalMonth1Liability:	\$2,099.75
Line 2: TotalQuarterLiability:	\$6,299.25
Line 3: CreditAmount; CreditType, DCEO:	\$0.00
Line 4: WHPaymentsorDeposits:	\$6,299.25
Line 5: PaymentsOverPaymentPrevious:	\$0.00
Line 6: WHTotalPayments:	\$6,299.25
Line 7: WHAmountDue:	\$0.00

Test Case 4

Contents: Form UI-3/40 without Debit Authorization

Taxpayer Identification Information:

Business Name:	Wage Records Test Account
Federal Employer Identification Number (FEIN):	36-4788792
Illinois UI Account Number:	4046146
Address:	564 Harding Ave Glen Ellyn IL 60137-6371 630-668-8402

UI-3 Information:

Tax Period Ending Date:	Last day of a quarter in the current year
Covered Workers by month:	1, 1, 3
Total Wages:	\$40,000.00
Excess Wages:	\$40,000.00
Taxable Wages:	\$ 0.00
Contributions Rate:	4.0%
Interest:	\$ 0.00
Penalty:	\$ 0.00
Previous Underpayment:	\$ 0.00
Previous Overpayment:	\$ 0.00
Total Payment Due:	\$ 0.00

Wage Detail:

Social Security Number:	333-55-5555
Name:	John Q. Smith
Quarterly Wages:	\$14,000.00
Social Security Number:	333-55-6666
Name:	Lawrence Johnson
Quarterly Wages:	\$16,000.00
Social Security Number:	366-55-7777
Name:	Ralph M. Jones
Quarterly Wages:	\$10,000.00

Test Case 5

Contents: Form UI-3/40 with Debit Authorization

Taxpayer Identification Information:

Business Name:
Federal Employer Identification Number (FEIN):
Illinois UI Account Number:
Address:

Wage Records Test Account
36-4788792
4046146
564 Harding Ave
Glen Ellyn IL 60137-6371
630-668-8402

UI-3 Information:

Tax Period Ending Date:	Last day of a quarter in the current year
Covered Workers by month:	1, 1, 1
Total Wages:	\$18,800.00
Excess Wages:	\$ 3,000.00
Taxable Wages:	\$15,800.00
Contributions Rate:	4.0%
Interest:	\$ 0.00
Penalty:	\$ 0.00
Previous Underpayment:	\$ 0.00
Previous Overpayment:	\$ 0.00
Total Payment Due:	\$ 632.00

Wage Detail:

Social Security Number:	333-44-5555
Name:	Carl N. Zider
Quarterly Wages:	\$12,800.00
Social Security Number:	333-44-6666
Name:	Frances Jamison
Quarterly Wages:	\$ 6,000.00

Debit Information:

Debit Authorization Amount:	\$ 632.00
Settlement Date:	Timely Date for quarter selected

Test Case 6

Contents: Illinois UI Debit Authorization

Taxpayer Identification Information:

Business Name:
Federal Employer Identification Number (FEIN):
Illinois UI Account Number:
Address:

Wage Records Test Account
36-4788792
4046146
564 Harding Ave
Glen Ellyn IL 60137-6371
630-668-8402

Debit Information:

Tax Period Ending Date:
Debit Authorization Amount:
Settlement Date:

Last day of a quarter in the current year
\$ 632.00
Timely Date for quarter selected