Illinois Department of Revenue

Form IL-941-X 2017 Amended Illinois Withholding Income Tax Return

Step 1: Provide your information

StateEIN

Federal employer identification number (FEIN)

StateEINExtension

Seq. number

BusinessNameLine1Txt

Business name

InCareOfName

C/O

AddressLine1Txt

AddressLine2Txt

Mailing address

CityNm

City

StateAbbreviationCd

State

ZIPCd

ZIP

☐ Check this box if your business name has changed.

AddressChangeElect

☐ Check this box if you have an address change.

Reporting Period

TaxPeriodEndDate

Check the quarter you are amending.

☐ **1st** (January, February, March)

☐ **2nd** (April, May, June)

☐ **3rd** (July, August, September)

☐ **4th** (October, November, December)

Step 2: Tell us about your business

AmendedReturnIndicator "X"

A If you have submitted your Forms W-2 and W-2c for this year electronically, check this box. **A** ☐

B If your business has permanently stopped withholding because it has closed, or you no longer pay Illinois wages or withhold Illinois taxes from other payments, check the box and enter the date you stopped withholding.

DateFinalWagesPaid

B ☐ __ __ / __ __ / 2017
Month Day

C Check Box C if
- you are not subject to the Illinois Secure Choice Savings Program Act (820 ILCS 80/), or
- you are subject to the Illinois Secure Choice Savings Program Act (820 ILCS 80/) and you offer a qualified retirement savings plan, such as a pension or 401(k), to your employees.

For more information, see the instructions or go to *illinoisretirement.gov.*

StateSponsorRetiremtSavings

C ☐

Step 3: Tell us about the amount subject to withholding

Corrected amount

1 Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions.

1 WHTaxableWages

Step 4: Tell us about the amount withheld and previous overpayments

2 Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the day you paid the compensation. Only enter amounts on days you made withholding - leave the remaining "Day" lines blank. If you withheld no Illinois Income Tax during the month, enter "0" on the corresponding "Total" line - Line 2a, 2c, or 2d (noted by "◆").

2a First month of quarter (*i.e.*, January for 1st quarter; April for 2nd quarter; July for 3rd quarter; and October for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	ActivityDay LiabilityAmount	9	.___	17	.___	25	.___
2	.___	10	.___	18	.___	26	.___
3	.___	11	.___	19	.___	27	.___
4	.___	12	.___	20	.___	28	.___
5	.___	13	.___	21	.___	29	.___
6	.___	14	.___	22	.___	30	.___
7	.___	15	.___	23	.___	31	.___
8	.___	16	.___	24	.___		

Total Illinois Income Tax withheld this month. (Add Section 2a, Lines 1-31.) ◆ **2a** TotalMonth1Liability ◆

Continue to Page 2.

Mail all pages to: ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19016
SPRINGFIELD IL 62794-9016

Form "IL-941-X R-12/16"

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Step 4: Continued

2b Enter the amount from Page 1, Step 4, Line 2a. **2b** _____.____

2c Second month of quarter (*i.e.,* February for 1st quarter; May for 2nd quarter; August for 3rd quarter; and November for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	ActivityDay LiabilityAmount	9	_____.____	17	_____.____	25	_____.____
2	_____.____	10	_____.____	18	_____.____	26	_____.____
3	_____.____	11	_____.____	19	_____.____	27	_____.____
4	_____.____	12	_____.____	20	_____.____	28	_____.____
5	_____.____	13	_____.____	21	_____.____	29	_____.____
6	_____.____	14	_____.____	22	_____.____	30	_____.____
7	_____.____	15	_____.____	23	_____.____	31	_____.____
8	_____.____	16	_____.____	24	_____.____		

Total Illinois Income Tax withheld this month. (Add Section 2c, Lines 1-31.) ◆ **2c** TotalMonth2Liability ◆

2d Third month of quarter (*i.e.,* March for 1st quarter; June for 2nd quarter; September for 3rd quarter; and December for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	ActivityDay LiabilityAmount	9	_____.____	17	_____.____	25	_____.____
2	_____.____	10	_____.____	18	_____.____	26	_____.____
3	_____.____	11	_____.____	19	_____.____	27	_____.____
4	_____.____	12	_____.____	20	_____.____	28	_____.____
5	_____.____	13	_____.____	21	_____.____	29	_____.____
6	_____.____	14	_____.____	22	_____.____	30	_____.____
7	_____.____	15	_____.____	23	_____.____	31	_____.____
8	_____.____	16	_____.____	24	_____.____		

Total Illinois Income Tax withheld this month. (Add Section 2d, Lines 1-31.) ◆ **2d** TotalMonth3Liability ◆

Add Lines 2b, 2c, and 2d and enter the total amount here. This is the total dollar amount of Illinois Income Tax **actually withheld** from your employees or others for this quarter. **2** TotalQuarterLiability

3 If your original return or previously filed IL-941-X resulted in a credit that you were previously allowed to use, any IDOR-approved credit for the period, or a refund you have already received, please enter this amount. See instructions. **3** TotalAmendedOverPayment

4 Add Lines 2 and 3 and enter the total amount here. **4** TotalOverPaymentPrevious

Step 5: Tell us about your payments and credits

CreditType "DCEO"

5 Enter the amount of credit through DCEO you are using this period. See instructions. **5** CreditAmount

6 Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period. This includes all IL-501 payments (electronic and paper coupons). **Do not estimate this amount.** **6** WHPaymentsOrDeposits

7 Enter the amount of IDOR-approved credit you are using this period. Credits are only valid if you received written confirmation from IDOR. See instructions. **7** PaymentsOverPaymentPrevious

8 Add Lines 5, 6, and 7 and enter the total amount here. **8** WHTotalPayments

Step 6: Figure your balance

9 If Line 4 is greater than Line 8, subtract Line 8 from Line 4. This is your **remaining balance due**. Make your payment electronically or make your remittance payable to **"Illinois Department of Revenue."** (Semi-weekly payers **must pay** electronically.) **9** WHAmountDue

10 If Line 8 is greater than Line 4, subtract Line 4 from Line 8. This amount is your overpayment. **10** AmountOfOverpayment

11 Check the appropriate box to tell us how you would like to request your overpayment and complete the Overpayment Worksheet on Page 3 to explain the reason for your overpayment. **Note:** Checking the refund box does not guarantee a refund.

IDOR-approved Credit ☐

Refund ☐

Step 7: Sign here

Under penalties of perjury, I state that, to the best of my knowledge, this return is true, correct, and complete.

AuthorizeThirdPartyElect

Check this box if we may discuss this return with the preparer shown in this step. ☐

Name (Online only) _____ Signature

(____) Phone (Online only) _____ Daytime telephone number

DateSigned (Online only) __ __ / __ __ / __ __ __ __ Month Day Year

PreparerPersonName _____ Paid Preparer (please print)

PTIN _____ PTIN

(____) Phone _____ Daytime telephone number

__ __ / __ __ / DateSigned __ __ __ __ Month Day Year

NS **IR** **DR**_____

Overpayment Worksheet

If you checked either box on Line 11, you must check at least one or more boxes below. **Note: After we process your amended form, we will notify you of any amount of overpayment approved as an IDOR-approved credit or refund. Refunds are only approved if you cannot use your IDOR-approved credit.**

The amount of overpayment is due to the following:

☐ a. I made an additional payment or payments that was or were not needed for my tax liability.

☐ b. I sent a payment to the Illinois Department of Revenue that was intended for the Internal Revenue Service or another entity.

☐ c. I am a sole proprietor and I withheld tax from myself in error. I am not required to withhold on my income.

☐ d. I am a sole proprietor that has no employees and I registered in error for withholding income tax. I paid withholding income tax to Illinois in error. Complete Step 2, Line B.

☐ e. I withheld tax from an employee, reported this amount to Illinois in error, and have repaid the excess withholding to the employee.

☐ f. I copied information incorrectly or made a mathematical error on the original return that did not affect the tax withheld from my employees but caused my withholding income tax to be over-reported and overpaid to Illinois.

☐ g. I am reducing withholding I reported on Step 4, Line 2 because I incorrectly reported third party sick pay and have paid more withholding income tax than required to Illinois. This sick pay was paid by a third party and is the third party's responsibility to report.

☐ h. Other: _____

← *Go back to Page 2, Step 7, to sign your return and remember to include any necessary support.*

Important Information

Support Required

You must provide the following documentation to support your amended return.

- ***All Forms W-2 and W-2c that have not been submitted to Illinois electronically and all Forms W-2G and 1099 showing Illinois withholding submitted for the year, or***
- ***If none of these items have been issued to the payees at the time of filing this form, you must submit payee records that include***
  - ***the FEIN of the business,***
  - ***the date range covered by the records, and***
  - ***name, SSN, income amount, and Illinois tax withheld for each payee.***

IDOR-approved Credit

An amended return is not required to request approval for your overpayment to be verified as an IDOR-approved credit if you are <u>not</u> changing the withholding tax amount you originally reported. Complete and submit Form IL-2000. For more information or to obtain this form, go to our website at tax.illinois.gov.

Mail all pages to: ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19016
SPRINGFIELD IL 62794-9016

This form is authorized under the Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.