



Important Information

- Electronically file this form on MyTax Illinois at tax.illinois.gov, OR
Mail this form and any required support to: ILLINOIS DEPARTMENT OF REVENUE, PO BOX 19016, SPRINGFIELD IL 62794-9016
Attach your completed Schedule P.

Step 1: Provide your information

Form fields for Step 1: StateEIN, StateEINExtension, Federal employer identification number (FEIN), Seq. number, Business name, InCareOfName, AddressLine1Txt, AddressLine2Txt, CityNm, StateAbbreviationCd, ZIPCd, City, State, ZIP

- Check this box if your business name has changed
Check this box if you have an address change.

Reporting Period section with TaxPeriodEndDate and checkboxes for 1st, 2nd, 3rd, and 4th quarters.

Step 2: Tell us about your business

AmendedReturnIndicator "X"

- A If you have submitted your Forms W-2, W-2c, W-2G, and 1099 electronically for this year, check this box.
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.
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...

Form fields for Step 2: A, B, C checkboxes, DateFinalWagesPaid, StateSponsorRetiremtSavings

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.

Form field for Step 3: 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)

Table with 4 columns: Day, Amount, Day, Amount, Day, Amount, Day, Amount. Rows 1-31 for activity days and liability amounts.

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

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

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

CreditType "DCEO"
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

Step 7: Sign here

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

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

Name (Online only)	Phone (Online only)	DateSigned (Online only)	
Signature	Daytime telephone number	Month / Day / Year	
PreparerPersonName	PTIN	Phone	DateSigned
Paid Preparer (please print)	PTIN	Daytime telephone number	Month / Day / Year

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.