



Form IL-941-X 2019 Amended Illinois Withholding Income Tax Return

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 only a completed Schedule P.** Note: Do not attach additional correspondence.

Step 1: Provide your information

Federal employer identification number (FEIN) Seq. number

Business name

C/O

Mailing address

City State ZIP

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

Reporting Period

Check the

1st (January, February, March)

2nd (April, May, June)

3rd (July, August, September)

4th (October, November, December)

Step 2: Tell us about your business

A1 Enter the total number of Forms W-2 reporting Illinois withholding you issued for the entire year.* **A1**
A2 Enter the total number of Forms 1099 reporting Illinois withholding you issued for the entire year.* **A2**
**Only complete Lines A1 and A2 when you file your 4th quarter or final return.*

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. This is considered your final return. Do not file future returns unless you resume withholding Illinois income tax.

B
 Month / Day / 2019

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.

Step 3: Tell us about the amount subject to withholding

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

Corrected amount

1

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	<input type="text" value="ActivityDay"/> <input type="text" value="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**

Continue to Page 2.

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.

Note: If you are reducing your tax based on Form W-2c, see instructions.

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 Add Lines 5 and 6 and enter the total amount here.

7 WHTotalPayments

Step 6: Figure your balance

8 If Line 4 is greater than Line 7, subtract Line 7 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.)

8 WHAmountDue

9 If Line 7 is greater than Line 4, subtract Line 4 from Line 7. This amount is your overpayment.

9 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.

Sign Here	Name (Online only)		Date Signed (Online only)		Phone (Online only)		<input type="checkbox"/> Authorize Third Party Elect <input type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.	
	Signature		Date (mm/dd/yyyy)		Phone			
Paid Preparer Use Only	Preparer Person Name			Date Signed		<input type="checkbox"/> Check if self-employed <input type="checkbox"/> PTIN		Paid Preparer's PTIN
	Paid preparer's name			Paid preparer's signature		Date (mm/dd/yyyy)		
	Firm's name			Business Name Line 1 Text		Firm's FEIN		Preparer Firm ID Number
Firm's address			Preparer US Address		Preparer Foreign Address		Firm's phone () Phone	