



Federal State Employment Taxes Test Cases

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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
Rev.ecstech@illinois.gov

Please include in the subject line of your email “Illinois Gateway questions” in order to serve you better.

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):

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY
33 SOUTH STATE ST,
CHICAGO IL 60603
1 800 247-4984 Option 2 Employer Tax Assistance (8:00 a.m. - 4:30 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
Requested Payment Date:	Current Month/Day/Year

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
AddressChangeElect	X
Address:	2007 W Main Street Madison IN 47250-0725 812-265-2556

IL-941 Information:

ReturnQuarter:	2nd
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: TotalMonth2Liability:	\$201.50
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: TotalMonth3Liability:	\$201.00

Test Case 2 continued

Line 2: TotalQuarterLiability:	\$603.75
Line 3: CreditAmount; CreditType, DCEO:	\$12.25
Line 4: WHPaymentsorDeposits:	\$100.25
Line 5: WHTotalPayments:	\$112.50
Line 6: WHAmountDue:	\$491.25
AuthorizeThirdPartyElect:	X
PreparerPersonName:	John Doe
PTIN:	P12345678
FirmName:	ABC Tax
FirmFEIN:	36-1234567
FirmAddress:	101 W. Jefferson Springfield IL 62707
Phone:	217-555-5555

Financial Transaction Information:

StatePayment	
Checking:	X
RoutingTransitNumber:	071109338
BankAccountNumber:	0000000001
PaymentAmount:	\$491.25
AccountHolderName:	Debbie Monkman
AccountHolderType:	1
RequestedPaymentDate:	Current Month/Day/Year

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
FirstReturnElect	X

IL-941 Information:

ReturnQuarter:	4 th
Line A1: W2IssuedNum:	32
Line A2: Number1099sIssued:	22
Line B: DateFinalWagesPaid:	12/31/Current Year
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

Test Case 3 continued

ActivityDay:	19
LiabilityAmount:	\$190.00
ActivityDay:	22
LiabilityAmount:	\$190.00
ActivityDay:	25
LiabilityAmount:	\$190.00
ActivityDay:	28
LiabilityAmount:	\$190.00
ActivityDay:	30
LiabilityAmount:	\$199.75
Line 2c: TotalMonth2Liability:	\$2,099.75
Third Month Payroll Activity:	
ActivityDay:	24
LiabilityAmount:	\$2,099.75
Line 2d: TotalMonth3Liability:	\$2,099.75
Line 2: TotalQuarterLiability:	\$6,299.25
Line 3: CreditAmount; CreditType, DCEO:	\$0.00
Line 4: WHPaymentsorDeposits:	\$6,299.25
Line 5: WHTotalPayments:	\$6,299.25
Line 6: WHAmountDue	\$0.00

Test Case 4

Contents: Form IL-941-X with 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
AmendedReturnIndicator	X

IL-941-X Information:

ReturnQuarter:	4 th
Line A1: W2IssuedNum:	22
Line A2: Number1099sIssued:	12
Line 1: WHTaxableWages:	\$250,000.00
First Month Payroll Activity:	
ActivityDay:	13
LiabilityAmount:	\$4,000.00
Line 2a: TotalMonth1Liability:	\$4,000.00
Second Month Payroll Activity:	
ActivityDay:	13
LiabilityAmount:	\$4,000.00
Line 2c: TotalMonth2Liability:	\$4,000.00
Third Month Payroll Activity:	
ActivityDay:	13
LiabilityAmount:	\$4,000.00
Line 2d: TotalMonth3Liability:	\$4,000.00
Line 2: TotalQuarterLiability:	\$12,000.00
Line 3: TotalAmendedOverPayment	N/A
Line 4: TotalOverPaymentPrevious	\$12,000.00
Line 5: CreditAmount; CreditType, DCEO:	N/A
Line 6: WHPaymentsOrDeposits	\$11,000.00
Line 7: WHTotalPayments	\$11,000.00
Line 8: WHAmountDue	\$1,000.00
Line 9: AmountOf Overpayment	N/A
AuthorizeThirdPartyElect:	X
PreparerPersonName:	John Doe
PTIN:	P12345678
BusinessNameLine1Txt:	ABC Tax
PreparerFirmIDNumber:	36-1234567
PreparerUSAddress:	101 W. Jefferson Springfield IL 62707
Phone:	217-555-5555

Test Case 4 continued

Schedule P Information

FirstName:	Albert
LastName:	Einstein
SSN:	328555454
TaxableWages:	\$250,000.00
TaxWithheld	\$12,000.00

Financial Transaction Information:

StatePayment	
Checking:	X
RoutingTransitNumber:	071109338
BankAccountNumber:	0000000001
PaymentAmount:	\$1000.00
AccountHolderName:	Jane Doe
AccountHolderType:	1
RequestedPaymentDate:	Current Month/Day/Year

AddendaRecord

TaxTypeCode, FTACode:	112
StateTaxTypeCode:	00
NotIATTransaction:	X

Test Case 5

Contents: Form IL-941-X without Debit Authorization

Taxpayer Identification Information:

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

AmendedReturnIndicator **X**

IL-941-X Information:

ReturnQuarter: **2nd**
Line 1: WHTaxableWages: **\$250,000.00**
First Month Payroll Activity:
 ActivityDay: **1**
 LiabilityAmount: **\$4,000.00**
Line 2a: TotalMonth1Liability: **\$4,000.00**
Second Month Payroll Activity:
 ActivityDay: **13**
 LiabilityAmount: **\$4,000.00**
Line 2c: TotalMonth2Liability: **\$4,000.00**
Third Month Payroll Activity:
 ActivityDay: **26**
 LiabilityAmount: **\$4,000.00**
Line 2d: TotalMonth3Liability: **\$4,000.00**
Line 2: TotalQuarterLiability: **\$12,000.00**
Line 3: TotalAmendedOverPayment **\$1,000.00**
Line 4: TotalOverPaymentPrevious **\$13,000.00**
Line 5: CreditAmount; CreditType, DCEO: **N/A**
Line 6: WHPaymentsOrDeposits **\$14,000.00**
Line 7: WHTotalPayments **\$14,000.00**
Line 8: WHAmountDue **N/A**
Line 9: AmountOf Overpayment **\$1,000.00**
PreparerPersonName: **John Doe**
PTIN: **P12345678**
BusinessNameLine1Txt: **ABC Tax**
PreparerFirmIDNumber: **36-1234567**
PreparerUSAddress: **101 W. Jefferson
Springfield IL 62707
217-555-5555**

Phone: **217-555-5555**

Test Case 5 continued

Schedule P Information

FirstName:	George
LastName:	Washington
SSN:	318555454
TaxableWages:	\$250,000.00
TaxWithheld	\$12,000.00

Test Case 6

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 7

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 8

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