<pre>S</pre>	Illinois Department of Revenue Form IL-941-X 2015 Amended Illinois W	lith	olding Incom	no Tax Potur		
Ste	p 1: Provide your information	Reporting Period				
Feder	al employer identification number (FEIN) Seq. number		Check this	Check the quarter	you are ame	ending.
Busin	ess name		box if your business name has	2nd	(April, May, C	, i
C/O			changed. Check this			, September) nber, December)
Mailir	g address		box if you have an	If you are an		· ·
City	State ZIP		address change.	Check the box if you		an annual return.
Ste	p 2: Tell us about your business					
Α	If your business has permanently stopped withholding because it has closed, or you no longer pay wages or withhold Illinois taxes from other payments, check the box and enter the date you stopped withholding.			A []/ Month	/ 2015 Day
Ste	p 3: Tell us about the amount subject to withholding		Column		Colur	nn B
1	Enter the total dollar amount subject to Illinois withholding income tax this reporting pe including payroll, compensation, and other amounts. See instructions.	riod, 1	Most recent amount	t reported 1	Corrected	l amount
Ste	p 4: Tell us about the amount withheld and previous over	erpa	yments			
2 3	Enter the total dollar amount of Illinois Income Tax actually withheld from your employ or others for this reporting period. Do not leave this line blank. This line should be zero only if you did not withhold any Illinois Income Tax during this reporting period. If applicable, attach W-2-C forms. 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.		-	2		
4	Add Column B, Lines 2 and 3 and enter the total amount here.			4		
Ste	p 5: Tell us about your payments and credits					
5	Enter the total dollar amount of withholding payments you have made to IDOR for this p This includes all IL-501 payments (electronic and paper coupons), as well as any subse payments. Do not include any penalty or interest paid. Do not estimate this amount .	quent		5		
6	Enter the amount of IDOR-approved credit you are using this period. Credits are only valid if you have received written confirmation from IDOR. See instructions.					
7	Enter the amount of credit through DCEO you are using this period.					
8	Add Lines 5 through 7 and enter the total amount here.	8		8		
9 9	p 6: Figure the amount you owe or your credit If Column B, Line 4 is greater than Column B, Line 8, subtract Column B, Line 8, from L balance due. Make your payment electronically or make your remittance payable to "II of Revenue" and go to Step 7. (Semi-weekly payers must pay electronically.)			-		
10	If Column B, Line 4 is less than Column B, Line 8, subtract Line 4 from Column B, Line Note: You must complete Line 11.	8. Thi	s is your overpayn			
11	Check the appropriate box to tell us what to do with your overpayment and complete the Overpayment Worksheet on Page 2 to explain the reason for your overpayment. Note: Checking the refund box does not guarantee a refund.				redit fund	
	p 7: Sign here or penalties of perjury, I state that, to the best of my knowledge, this return is tru	e, co	rrect, and comple	ete.		

Signature	() Daytime telephone number	/ Month	 Day	Year	Check this box if we may discuss this return with the
	_()	/		/	preparer shown in this step.
Name of Preparer (Please print)	Daytime telephone number	Month	Day	Year	

NS DR_____

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

Overpayment Worksheet

If you checked either box on Line 11, you must check at least one or more boxes below. Note: Overpayments are usually issued as
Department-approved credits. Refunds are only approved if you cannot use your credit.

a. I made an additional payment that was 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 my employees but I am not required to withhold on my income.
d. I am a sole proprietor that registered in error for withholding income tax and I have no employees.
e. I withheld tax from an employee 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.
g. I am reducing withholding because I reported third party sick pay on Step 4, Line 2.
h. I am filing this return to receive an IDOR-approved credit for a previous period.
i. Other:

Go back to Page 1, Step 7, to sign your return and remember to include any necessary support.