Form IL-941 2015 Illinois Withholding Income Tax Return

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	arterly filers: File only one IL-941		r payments usin	ig IL-501.	
Ste	p 1: Provide your informate	tion		Check this	Reporting Period
			Ш	box if this is your first	If you are a quarterly filer:
	eral employer identification number (FEIN)	Seg. number		return.	Check the quarter you are reporting.
1 00	oral employer rachimodiler frameer (i ziny)	ooq. Hambor		Check this	1st (January, February, March)
Business name				box if your business	2nd (April, May, June)
				name has changed.	3rd (July, August, September)
C/O				Check this	4th (October, November, December)
				box if your address	If you are an annual filer:
Mail	Mailing address			has	Check the box if you are not required to file quarterly.
				changed.	January — December
City		State ZIP			
Ste	p 2: Tell us about your W-2	? forms and your busin	ess		
Α	Enter the total number of W-2 forms entire year. (Quarterly filers — Only) 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 you stopped withholding.			nter the date	В
	you stopped withholding.				Month Day
Ste	p 3: Tell us about the amo	unt subject to withhold	ling		
1 Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll,					
	compensation, and other amounts. S	See instructions.			1
Ste	p 4: Tell us about the amo	unt withheld			
2	Enter the total dollar amount of Illino	is Income Tax actually withheld	from your emplo	yees 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.				
<u></u>		<u> </u>			
_	p 5: Tell us about your pay	•			(17.07)
3	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 . 3				
4	Enter the amount of IDOR-approved received written confirmation from ID		Credits are only	valid if you hav	⁄е л
5	Enter the amount of credit through D		See instructions		5
6	Add Lines 3, 4, and 5 and enter the t				6
	p 6: Figure the amount you				
7		•	our remaining		
,	If Line 2 is greater than Line 6, subtract Line 6 from Line 2. 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.))	7
8	If Line 2 is less than Line 6, subtract IL-941 returns until you receive notifi				e 8
Ste	p 7: Sign here	, ,			
	er penalties of perjury, I state that, to the	he best of my knowledge, this re	turn is true, corre	ct, and comple	te.
		()	/	/	Check this box if we may
Signature		Daytime telephone number	Month Day	Year	discuss this return with the
		()	/	/	preparer shown in this step.
Signa	ture of Preparer	Daytime telephone number	Month Day	Year	

Mail to: ILLINOIS DEPARTMENT OF REVENUE PO BOX 19052 SPRINGFIELD IL 62794-9052



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