



Quarterly filers: File only one IL-941 return per quarter. Make your payments using IL-501.

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 this is your first return.
Check this box if your business name has changed.
Check this box if your address has changed.

Reporting Period

If you are a quarterly filer: Check the quarter you are reporting.

- 1st (January, February, March)
2nd (April, May, June)
3rd (July, August, September)
4th (October, November, December)

If you are an annual filer: Check the box if you are not required to file quarterly.

- January — December

Step 2: Tell us about your W-2 forms and your business

- A Enter the total number of W-2 forms reporting Illinois withholding...
B If your business has permanently stopped withholding because it has closed...

Step 3: Tell us about the amount subject to withholding

- 1 Enter the total dollar amount subject to Illinois withholding tax this reporting period...

Step 4: Tell us about the amount withheld

- 2 Enter the total dollar amount of Illinois Income Tax actually withheld from your employees...

Step 5: Tell us about your payments and credits

- 3 Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period.
4 Enter the amount of IDOR-approved credit you are using this period.
5 Enter the amount of credit through DCEO you are using this period.
6 Add Lines 3, 4, and 5 and enter the total amount here.

Step 6: Figure the amount you owe or your credit

- 7 If Line 2 is greater than Line 6, subtract Line 6 from Line 2. This is your remaining balance due.
8 If Line 2 is less than Line 6, subtract Line 2 from Line 6. This amount is not available for use on future IL-941 returns...

Step 7: Sign here

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

Signature Daytime telephone number Month / Day / Year

Signature of Preparer Daytime telephone number Month / Day / Year

NS DR

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

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

