



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** Write the total number of W-2 forms you were required to issue for the entire year. (Quarterly filers — Only complete this line when you file your **4th quarter** or **final** return.) **A** _____
- B** If your business has **permanently** stopped withholding because it has closed or you no longer pay wages, check the box and write the date you stopped paying wages. **B** ____ / ____ / 2012
Month Day

Step 3: Tell us your payroll information

- 1** Write the total compensation and gambling winnings (including Illinois Lottery winnings) subject to withholding this period. **1** _____

Step 4: Tell us about your withholding for this period

- 2** Write the amount of Illinois Income Tax actually withheld for this period. **2** _____

Step 5: Tell us about your payments and credits

- 3** Write the total amount of withholding payments you have made during this period. This includes all IL-501 payments (electronic and paper coupons). **3** _____
- 4** Write the amount of credit carried forward from your previous Form IL-941. **4** _____
- 5** Write the total amount of credits you have received through DCEO. **5** _____
- 6** Add Lines 3, 4, and 5 and write the total amount here. **6** _____

Step 6: Figure your credit or the amount you owe

- 7** If Line 2 is greater than Line 6, subtract Line 6 from Line 2. This is your **remaining balance due**. Make your payment electronically (semi-weekly **must pay** electronically) or make your remittance payable to "Illinois Department of Revenue." **7** _____
- 8** If Line 2 is less than Line 6, subtract Line 2 from Line 6. Claim this amount on your next Form IL-941. **8** _____

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

NS _____ **DR** _____

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

