



# Form IL-941 2017 Illinois Withholding Income Tax Return

File only one Form IL-941 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**

Check the quarter you are reporting.

**1st** (January/February/ March) due May 1, 2017

**2nd** (April/May/June) due July 31, 2017

**3rd** (July/August/September) due October 31, 2017

**4th** (October/November/December) due January 31, 2018

## Step 2: Tell us about your business

- A** Enter the total number of W-2 forms reporting Illinois withholding you were required to issue for the entire year. 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 Illinois wages or withhold Illinois taxes from other payments, check Box B and enter the date you stopped withholding. **B**  \_\_\_\_ / \_\_\_\_ / 2017  
Month Day
- C** Check Box C if
- you **are not** subject to the Illinois Secure Choice Savings Program Act (820 ILCS 80/), **or**
  - you **are** subject to the Illinois Secure Choice Savings Program Act (820 ILCS 80/) and you offer a qualified retirement savings plan, such as a pension or 401(k), to your employees.
- For more information, see the instructions or go to [illinoisretirement.gov](http://illinoisretirement.gov).** **C**

## Step 3: Tell us about the amount subject to withholding

- 1** Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions. **1** \_\_\_\_\_

## Step 4: Tell us about the amount withheld

- 2** Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the date you paid the compensation. Only enter amounts on days you made withholding - leave the remaining "Day" lines blank. If you withheld no Illinois Income Tax during the month, enter "0" on the corresponding "Total" line - Line 2a, 2c, or 2d (noted by "◆").

**2a First month of quarter** (i.e., January for 1st quarter; April for 2nd quarter; July for 3rd quarter; and October for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	_____.	9	_____.	17	_____.	25	_____.
2	_____.	10	_____.	18	_____.	26	_____.
3	_____.	11	_____.	19	_____.	27	_____.
4	_____.	12	_____.	20	_____.	28	_____.
5	_____.	13	_____.	21	_____.	29	_____.
6	_____.	14	_____.	22	_____.	30	_____.
7	_____.	15	_____.	23	_____.	31	_____.
8	_____.	16	_____.	24	_____.		

**Total Illinois Income Tax withheld this month.** (Add Section 2a, Lines 1-31.) ◆ **2a** \_\_\_\_\_ ◆

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

**Continue on the next page.**



**Step 4: Continued**

**2b** Enter the amount from Page 1, Step 4, Line 2a. 2b \_\_\_\_\_

**2c** Second month of quarter (i.e., February for 1st quarter; May for 2nd quarter; August for 3rd quarter; and November for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	_____	9	_____	17	_____	25	_____
2	_____	10	_____	18	_____	26	_____
3	_____	11	_____	19	_____	27	_____
4	_____	12	_____	20	_____	28	_____
5	_____	13	_____	21	_____	29	_____
6	_____	14	_____	22	_____	30	_____
7	_____	15	_____	23	_____	31	_____
8	_____	16	_____	24	_____		

**Total Illinois Income Tax withheld this month.** (Add Section 2c, Lines 1-31.) ◆ 2c \_\_\_\_\_ ◆

**2d** Third month of quarter (i.e., March for 1st quarter; June for 2nd quarter; September for 3rd quarter; and December for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	_____	9	_____	17	_____	25	_____
2	_____	10	_____	18	_____	26	_____
3	_____	11	_____	19	_____	27	_____
4	_____	12	_____	20	_____	28	_____
5	_____	13	_____	21	_____	29	_____
6	_____	14	_____	22	_____	30	_____
7	_____	15	_____	23	_____	31	_____
8	_____	16	_____	24	_____		

**Total Illinois Income Tax withheld this month.** (Add Section 2d, Lines 1-31.) ◆ 2d \_\_\_\_\_ ◆

**Add Lines 2b, 2c, and 2d and enter the total amount here.** This is the total dollar amount of Illinois Income Tax **actually withheld** from your employees or others for this quarter. 2 \_\_\_\_\_

**Step 5: Tell us about your payments and credits**

- 3 Enter the amount of credit through DCEO you are using this period. See instructions. 3 \_\_\_\_\_
- 4 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.** 4 \_\_\_\_\_
- 5 Enter the amount of IDOR-approved credit you are using this period. Credits are only valid if you received written confirmation from IDOR. See instructions. 5 \_\_\_\_\_
- 6 Add Lines 3, 4, and 5 and enter the total amount here. 6 \_\_\_\_\_

**Step 6: Figure your balance**

- 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 or make your remittance payable to "Illinois Department of Revenue." **If Line 6 is greater than Line 2, see the instructions.** (Semi-weekly payers **must pay** electronically.) 7 \_\_\_\_\_

**Step 7: Sign here**

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

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

Signature \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Daytime telephone number Month Day Year

Paid Preparer (please print) \_\_\_\_\_ PTIN \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Daytime telephone number Month Day Year

NS IR DR \_\_\_\_\_  
 IL-941 back (R-12/16)

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

