Form IL-941

Form IL-941 2018 Illinois Withholding Income Tax Return

This form is required to be filed electronically. To request a waiver, complete and submit Form IL-900-EW. To file electronically, use MyTax Illinois at tax.illinois.gov or an IDOR-approved Tax-Prep software program.

C+~	n 1. Dunyida yayu !f			_	Chook this			
ા 0	tep 1: Provide your information			Ш	Check this box if this is your first	Reporting Period		
					return.	Check th	e quarter you are reporting.	
Federal employer identification number (FEIN) Seq. number Business name				_	Check this box if your business name has changed.		t (January/February/ March) le April 30, 2018	
							d (April/May/June) ie July 31, 2018	
C/O					Check this box if your address	dı	d (July/August/September) ne October 31, 2018	
 Maili	ng address				has changed.		n (October/November/December) e January 31, 2019	
City		State ZI	P					
 Ste	p 2: Tell us about you	ur business						
A	Enter the total number of I to issue for the entire year						n. A	
В	If your business has perm longer pay Illinois wages of enter the date you stopped returns, unless you resum	or withhold Illinois taxes d withholding. This is co	from other payments, onsidered your final ret	chec	k Box B and	d	B / / 20	
С	 you are subject to the 	the Illinois Secure Cho Illinois Secure Choice savings plan, such as a se the instructions or	Savings Program Act (8 pension or 401(k), to y	320`I /our	LCS 80/) ar employees.	nd you of	,	
Ste	p 3: Tell us about the	amount subject t	o withholding					
	Enter the total dollar amou payroll, compensation, and	unt subject to Illinois wi	thholding tax this repor	ting	period, inclu	uding	1	
Ste	p 4: Tell us about the	amount withheld						
2	Enter the exact amount of you paid the compensate blank. If you withheld no 2c, or 2d (noted by "").	ion. Only enter amou o Illinois Income Tax d	nts on days you mad uring the month, ente	e witer "0"	thholding - " on the co	leave th	e remaining "Day" line ding "Total" line - Line 2	
	2a First month of quarte				d quarter; and			
	Day Amount	Day Amount	Day Amo	uni		Day	Amount	
	4	9	17			25	••	
	1		4.0					
	2	10					·	
	23	11	19		·	27	·	
	2 3 4	11 12	19 20		·	27 28		
	2	11 12 13	19 20 21		· ·	27 28 29	·	
	2	11 12 13 14	19 20 21 22		· · ·	27 28 29 30	·	
	2	11 12 13	19 20 21 22 23		· · ·	27 28 29 30	·	

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. IL-941 front (R-12/17)

Continue on the next page.



Step 4	: Continued					
	Enter the amount from					<u> </u>
	Second month of qual av Amount	rter (<i>i.e.,</i> February for 1s Day Amount		-		
Da	ay Amount	•	Day	Amount	Day	
1_	·	9	17	·	25	·
2 _	·	10	18	·_		·
3_	·	11	19	·	27	·
4 _	·	12	20		28	·
5 _		13	21	<u>-</u>	29	
6 _	·	14	22	<u>-</u>	30	<u></u>
7_	·	15	23	·	31	·
8_	·	16	24			
To	tal Illinois Income Tax v	vithheld this month	. (Add Section 2c	Lines 1-31.)	♦ 2c	
24	Third month of quarto	♥ (i.a. Marab for 1 at apart	ears live for Ond avort	av. Cantambar for Or	d augustas, and F) a combar for 4th guartar)
Da	Third month of quarte Amount	Day Amount	er, June for 2nd quart Day	Amount	o quarter; and L Day	Amount
	,	•	•		,	
		9		·_		·
	·	10		·_		<u></u>
	·	11				·
4 _	·	12	20	·_		-
5_	·	13	21	·_	29	·
6 _	·	14	22		30	·
7_		15	23		31	
8_	·	16	24	·		
Illir	Id Lines 2b, 2c, and 2d and and and and and and and and and an	withheld from your	employees or oth			2
3 En	ter the amount of credit t	hrough DCEO vou a	re usina this perio	od. See instructio	ns.	3
4 En Re	ater the total dollar amour evenue (IDOR) for this pe	nt of withholding payr riod. This includes al	nents you made t	o the Illinois Dep	partment of	
	upons). Do not estimate					4
5 En	iter the amount of IDOR- ceived written confirmation	approved credit you a on from IDOR. See in	are using this peri nstructions.	od. Credits are	only valid if y	ou 5
6 Ad	ld Lines 3, 4, and 5 and ϵ	enter the total amoun	t here.			6
Step 6	: Figure your balar	nce				
	ing 2 is greater than Line	e 6, subtract Line 6 fi	rom Line 2. This is	your remainin	g	
ba to	lance due. Make your pa "Illinois Department of emi-weekly payers must	ayment electronically Revenue." If Line (or make your rer			s. 7
to (Se	lance due. Make your pa "Illinois Department of emi-weekly payers must	ayment electronically Revenue." If Line (or make your rer			
ba to (Se Step 7	llance due. Make your pa "Illinois Department of	ayment electronically Revenue." If Line (pay electronically.)	or make your rer 6 is greater than	Line 2, see the	instructions	
to t	Ilance due. Make your pa "Illinois Department of emi-weekly payers must ": Sign here enalties of perjury, I state the	ayment electronically Revenue." If Line (pay electronically.) at, to the best of my kn	or make your rer 6 is greater than owledge, this return	Line 2, see the	instructions	Check this box if we may discuss this return with the paid preparer shown
to t	Ilance due. Make your pa "Illinois Department of emi-weekly payers must ": Sign here enalties of perjury, I state the	ayment electronically Revenue." If Line (pay electronically.) at, to the best of my kn	or make your rer 6 is greater than	Line 2, see the	instructions	Check this box if we may discuss this return with
ba to (Se Step 7 Under pe	Ilance due. Make your pa "Illinois Department of emi-weekly payers must ": Sign here enalties of perjury, I state that	ayment electronically Revenue." If Line (pay electronically.) at, to the best of my kn (or make your rer 6 is greater than owledge, this return	Line 2, see the	nd complete.	Check this box if we may discuss this return with the paid preparer shown in this step.
ba to (Se Step 7 Under pe	Ilance due. Make your pa "Illinois Department of emi-weekly payers must ": Sign here enalties of perjury, I state the arer (please print)	ayment electronically Revenue." If Line (pay electronically.) at, to the best of my kn (or make your rer 6 is greater than owledge, this return	is true, correct, a Month Day Daytime telephone	nd complete.	Check this box if we may discuss this return with the paid preparer shown