



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 your business name has changed.

Check this box if you have an address change.

Reporting Period

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

- 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 amending an annual return.

- January — December

Step 2: Tell us about your business

A 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.

A [] ___ / ___ / 2014
Month Day

Step 3: Tell us your payroll information

1 Write the total amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions.

Column A Most recent amount reported
Column B Corrected amount
1 1

Step 4: Tell us your withholding and previous overpayments

- 2 Write the amount of Illinois Income Tax actually withheld for this period. If applicable, attach W-2-C forms.
3 Write the total of all overpayments (whether or not received) you reported on your original return or previously filed IL-941-X.
4 Add Column B, Lines 2 and 3 and write the total amount here.

2 2
3 3
4 4

Step 5: Tell us about your payments and credits

- 5 Write the total amount of withholding payments you have made during this period. This includes all IL-501 payments (electronic and paper coupons), as well as any subsequent payments. Do not include any penalty or interest paid.
6 Write the amount of any credit carried forward from any prior period.
7 Write the total amount of credits you have received through DCEO.
8 Add Lines 5 through 7 and write the total amounts here.

5 5
6 6
7 7
8 8

Step 6: Figure your credit or the amount you owe

- 9 If Line 4 is greater than Column B, Line 8, subtract Column B, Line 8, from Line 4. This is your remaining balance due. Make your payment electronically (semi-weekly payers must pay electronically) or your remittance payable to "Illinois Department of Revenue" and go to Step 7.
10 If Line 4 is less than Column B, Line 8, subtract Line 4 from Column B, Line 8. This is your overpayment. Note: You must complete Line 11.
11 Check the appropriate box to tell us what to do with your overpayment and complete the Overpayment Worksheet on Page 2 to explain the reason for your overpayment. Note: Checking the refund box does not guarantee a refund.

9 9
10 10
Credit []
Refund []

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

Name of Preparer (Please print) () Daytime telephone number Month / Day / Year

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

NS DR

Mail to: ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19016
SPRINGFIELD IL 62794-9016

Overpayment Worksheet

If you checked either box on Line 11, you must check at least one or more boxes below. **Note: Overpayments are usually issued as credits. Refunds are only approved if you cannot use your credit.**

- a. I made an additional payment that was not needed for my tax liability.
- b. I sent a payment to the Illinois Department of Revenue that was intended for the Internal Revenue Service or another entity.
- c. I am a sole proprietor and I withheld tax from my employees but I am not required to withhold on my income.
- d. I am a sole proprietor that registered in error for withholding income tax and I have no employees.
- e. I withheld tax from an employee in error and have repaid the excess withholding to the employee. **Note:** Attach W-2-C forms.
- f. I copied information incorrectly or made a mathematical error on the original return that did not affect the tax withheld from my employees.
- g. I am reducing withholding because I reported third party sick pay on Step 4, Line 2.
- h. Other: _____

 *Go back to Page 1, Step 7, to sign your return.*
