



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

StateEIN

StateEINExtension

Federal employer identification number (FEIN)

Seq. number

BusinessNameLine1

Business name

InCareofName

C/O

AddressLine1

AddressLine2

Mailing address

City

City

State

State

ZipCode

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.	
<input type="checkbox"/>	TaxPeriodEndDate 1st (January/February/ March) due May 1, 2017
<input type="checkbox"/>	2nd (April/May/June) due July 31, 2017
<input type="checkbox"/>	3rd (July/August/September) due October 31, 2017
<input type="checkbox"/>	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 NumberOfEmployees

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 DateFinalWagesPaid

___ / ___ / 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.

C StateSponsorRetiremtSavings

For more information, see the instructions or go to illinoisretirement.gov.

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 WHTaxableWages

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** TotalMonth1Liability ◆

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** TotalMonth2Liability ◆

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** TotalMonth3Liability ◆

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 TotalQuarterLiability

Step 5: Tell us about your payments and credits

- 3 Enter the amount of credit through DCEO you are using this period. See instructions. CreditType "DCEO" **3** CreditAmount
- 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.** WHPaymentsorDeposits **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. PaymentsOverPaymentPrevious **5** _____
- 6 Add Lines 3, 4, and 5 and enter the total amount here. **6** WHTotalPayments

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** WHAmountDue

Step 7: Sign here

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

Authorize Third Party Elect

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

Name (online only) _____ (**Phone (online only)** _____) (**Date Signed (online only)** _____)

Signature _____ Daytime telephone number _____ Month _____ Day _____ Year _____

Preparer Person Name _____ **PTIN** _____ **Phone** _____

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**

