Ste	p 1: Provide your information					•	ting Period	
	ral employer identification number (FEIN)  Seq. number						vou are amending.	
rederal employer identification number (i Ein)				Check this box if your		] 1st (J	January, February, M	arch)
Business name				business		2nd (	April, May, June)	
C/O				name has changed.		3rd (	July, August, Septem	ber)
G/O		Γ		Check this		- <b>] <sub>4th (</sub></b>	October, November, Dece	ember)
Mailin	ng address			box if you have an	If you a	• `		/
City State ZIP				address change.	If you are an annual filer: Check the box if you are amending an annual return.			
Oity	State			-	L	Janua	ary — December	
Ste	ep 2: Tell us about your business							
Α	If your business has <b>permanently</b> stopped withholding bed no longer pay wages, check the box and write the date you					A 🗌	Month Day	/ 2013
Ste	ep 3: Tell us your payroll information	n		Column A			Column B	
1	Write the total compensation and gambling winnings (inclu winnings) subject to withholding this period.	ding Illinois Lottery		Most recent amount		1	Corrected amount	
						<u>'</u>		
Ste	ep 4: Tell us your withholding and pr	•	_			_		
2	Write the amount of Illinois Income Tax actually withheld fo If applicable, attach W-2-C forms.	r this period.	2 _			2		
3	Write the total of all overpayments (whether or not received							
_	you reported on your original return or previously filed IL-9							
4	Add Column B, Lines 2 and 3 and write the total amount he	ere.				4		
Ste	p 5: Tell us about your payments a	nd credits						
5	Write the total amount of withholding payments you have n	nade during this						
	period. This includes all IL-501 payments (electronic and p well as any subsequent payments. <b>Do not</b> include any pen	aper coupons), as	5			5		
6	Write the amount of any credit carried forward from any pri							
7	Write the total amount of credits you have received through							
8	Add Lines 5 through 7 and write the total amounts here.	,	8			8		
Cto								
_	ep 6: Figure your credit or the amou	-						
9	If Line 4 is greater than Column B, Line 8, subtract Column balance due. Make your payment electronically (semi-wee							
	remittance payable to "Illinois Department of Revenue"			,,,,		9 _		
10	If Line 4 is less than Column B, Line 8, subtract Line 4 from <b>Note:</b> You must complete Line 11.	n Column B, Line 8. Th	is is	s your <b>overpayr</b>	nent.	10 _		
11	Check the appropriate box to tell us what to do with your overpayment and				Credit			
	<b>complete</b> the Overpayment Worksheet on Page 2 to expla for your overpayment. <b>Note</b> : Checking the refund box does		d.		Refund		]	
Ste	ep 7: Sign here							
	er penalties of perjury, I state that, to the best of my knowled	ge, this return is true, o	corr	ect, and comple	ete.			
	()		/	/	Ch	ock this	box if we may	
Signa	ature Daytime telephor	ne number Month	Da	ay Year			s box if we may is return with the	$_{\downarrow}$ $\sqcup$
	()		/	/			hown in this step	
Signa	ature of Preparer Daytime telephon	e number Month	D	ay Year				

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

NSX

DRX\_\_\_\_

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