Illinois Department of Revenue

Form IL-941 2013 Illinois Withholding Income Tax Return

Ste	ep 1: Provide your information	Reporting Period	
Fede	ral employer identification number (FEIN) Seq. number	Check this box if this is your first return.	If you are a quarterly filer: Check the quarter you are reporting. 1st (January, February, March)
Busir	iess name	Check this box if your business	2nd (April, May, June)
C/O		name has changed.	4th (October, November, December)
Mailir	ng address	Check this box if your address has	If you are an annual filer: Check the box if you are not required to file quarterly.
City	State ZIP	changed.	
Qua	rterly filers: File only one IL-941 return per quarter. Make your payments	s using IL-501.	
Ste	ep 2: Tell us about your W-2 forms and your busin	ness	
Α	Write the total number of W-2 forms you were required to issue for the entire ye (Quarterly filers — Only complete this line when you file your 4th quarter or fin		Α
В	If your business has permanently stopped withholding because it has closed of pay Illinois wages, check the box and write the date you stopped paying wages.		B / / 2013 Month Day
Ste	ep 3: Tell us your payroll information		
1	Write the total compensation and gambling winnings (including Illinois Lottery w subject to withholding this period.	vinnings)	1
Ste	ep 4: Tell us about your withholding for this perio	bd	
2	Write the amount of Illinois Income Tax actually withheld for this period.		2
Ste	p 5: Tell us about your payments and credits		
3	Write the total amount of withholding payments you have made for this period. This includes all IL-501 payments (electronic and paper coupons).	3	
4	Write the amount of credit carried forward from your previous Form IL-941.	4	
5	Write the total amount of credits you have received through DCEO.	5	
6	Add Lines 3, 4, and 5 and write the total amount here.		6
Ste	p 6: Figure your credit or the amount you owe		
7	If Line 2 is greater than Line 6, subtract Line 6 from Line 2. This is your remaini		
	balance due. Make your payment electronically (semi-weekly payers must pay or make your remittance payable to "Illinois Department of Revenue."	7	
8	If Line 2 is less than Line 6, subtract Line 2 from Line 6. Claim this amount on y	our next Form IL-941	I. 8

Step 7: Sign here

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

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Signature	/ Daytime telephone number	Month /	Day /	1000	Check this box if we may discuss this return with the preparer shown in this step.
Signature of Preparer	() Daytime telephone number	Month	/ Day/		

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