Form IL-941 2014 Illinois Withholding Income Tax Return

| Ste | ep 1: Provide your information | | | Be | eporting Period |
|-------------------|---|---------|---|---------------------------|--|
| Fed Bus C/O | leral employer identification number (FEIN) Seq. number | - 🗆 | 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. | If you are Check the o | e a quarterly filer: quarter you are reporting. 1st (January, February, March) 2nd (April, May, June) 3rd (July, August, September) 4th (October, November, December) e an annual filer: x if you are not required to file quarterly. January — December |
| City | State ZIP State ZIP State ZIP State ZIP | ts usin | a II -501 | | |
| | ep 2: Tell us about your W-2 forms and your busin | | - | | |
| 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 fir | ear. | | А | ۸ |
| 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 | | no longer | В | B / / 2014 |
| Ste | PP 3: Tell us about the amount subject to withhol Write the total amount subject to Illinois withholding tax this reporting period, incompensation, and other amounts. See instructions. | - | | 1 | |
| Ste 2 | PP 4: Tell us about the amount withheld Write the amount of Illinois Income Tax actually withheld for this reporting period | od. | | 2 | |
| Ste 3 | Pp 5: Tell us about your payments and credits 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 | |
| | P 6: Figure your credit or the amount you owe If Line 2 is greater than Line 6, subtract Line 6 from Line 2. This is your remain balance due. Make your payment electronically (semi-weekly payers must pay or make your remittance payable to "Illinois Department of Revenue." | | onically) | 7 | |
| 8 | If Line 2 is less than Line 6, subtract Line 2 from Line 6. Claim this amount on y | your ne | xt Form IL-941 | . 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.

| Signature | _() Daytime telephone number | / / / | Check this box if we may discuss this return with the |
|---------------------------|---------------------------------|--|---|
| Signature of Preparer | () Daytime telephone number | / / / | preparer shown in this step. |
| NS DR IL-941 (R-12/13) | | Mail to: ILLINOIS DEPARTMENT OF I PO BOX 19052 SPRINGFIELD IL 62794-9052 | |

