

**Important Information**

- ◆ **Electronically file** this form on MyTax Illinois at mytax.illinois.gov or using an IDOR approved tax prep software program, **OR**
- ◆ **Mail** this form and any required support to: ILLINOIS DEPARTMENT OF REVENUE, PO BOX 19052, SPRINGFIELD IL 62794-9052
- ◆ **Attach a completed Schedule P-X** and if required, a **Schedule WC**. **Note:** Do not attach additional correspondence.

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 your address has changed.

Reporting Period

Check the quarter you are reporting.

☐ **1st** (January/February/ March)☐ **2nd** (April/May/June)☐ **3rd** (July/August/September)☐ **4th** (October/November/December)**Step 2: Tell us about your business****A1** Enter the total number of Forms W-2 reporting Illinois withholding you issued for the entire year.* **A1** _____**A2** Enter the total number of Forms 1099 reporting Illinois withholding you issued for the entire year.* **A2** _____

*Only complete Lines A1 and A2 when you file your 4th quarter or final return.

- 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 the box and enter the date you stopped withholding. This is considered your final return. Do not file future returns unless you resume withholding Illinois income tax.

B ☐ _____ / _____ / 2025
Month Day**Step 3: Tell us about the amount subject to withholding****Corrected amount**

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

1 _____**Step 4: Tell us about the amount withheld and previous overpayments**

- 2** Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the day 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** _____ ◆



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)

Table with 4 columns: Day, Amount, Day, Amount, Day, Amount, Day, Amount. Rows 1-8 for each column.

Total Illinois Income Tax withheld this month. (Add Section 2c, Lines 1-31.)

2c _____

2d Third month of quarter (i.e., March for 1st quarter; June for 2nd quarter; September for 3rd quarter; and December for 4th quarter)

Table with 4 columns: Day, Amount, Day, Amount, Day, Amount, Day, Amount. Rows 1-8 for each column.

Total Illinois Income Tax withheld this month. (Add Section 2d, Lines 1-31.)

2d _____

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.

Note: If you are reducing your tax based on Form W-2c, see instructions.

2 _____

- 3 If your original return or previously filed IL-941-X resulted in a credit that you were previously allowed to use, any IDOR-approved credit for the period, or a refund you have already received, please enter this amount. See instructions.

3 _____

- 4 Add Lines 2 and 3 and enter the total amount here.

4 _____

Step 5: Tell us about your payments and credits

- 5 Enter the amount of credit from the Schedule WC you are using this period. See instructions.

5 _____

- 6 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.

6 _____

- 7 Add Lines 5 and 6 and enter the total amount here.

7 _____

Step 6: Figure your balance

- 8 If Line 4 is greater than Line 7, subtract Line 7 from Line 4. This is your remaining balance due. Make your payment electronically or make your remittance payable to "Illinois Department of Revenue." (Semi-weekly payers must pay electronically.)

8 _____

- 9 If Line 7 is greater than Line 4, subtract Line 4 from Line 7. This amount is your overpayment.

9 _____

Step 7: Sign here Under penalties of perjury, I state that, to the best of my knowledge, this return is true, correct, and complete.

Sign Here, Signature, Date, Title, Daytime phone number, Check if the Department may discuss this return with the paid preparer shown in this step. Paid Preparer Use Only, Print/Type paid preparer's name, Paid preparer's signature, Date, Check if self-employed, Paid Preparer's PTIN, Firm's name, Firm's FEIN, Firm's address, Firm's phone.

NS IR DR _____

**Schedule P-X Withholding Amount Payroll Schedule**

Complete and attach to Form IL-941-X to verify Illinois income and withholding records.

Business name: _____ FEIN: _____

SECTION A: List your individual withholding and income changes and additions

Complete Columns A through E. NOTE: List **only** those payees or employees whose income and withholding amounts are needing correction or those employees not reported in the previous filing. Check the box in Column A **verifying** the income and withholding information has changed. See the step-by-step Form IL-941-X Instructions for more information on completing Schedule P-X.

A		B	C	D	E
X	#	Payee's/Employee's name	◇SSN (do not include dashes)◇	Income for Quarter	◇Withholding for Quarter◇
	1				
	2				
	3				
	4				
	5				
	6				
	7				
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	28				
	29				
	30				



Filing period:

Business name: _____ FEIN: _____

SECTION B: *Optional for paper filers* - List your remaining individual withholding and income records
Complete Columns B through E. NOTE: These records should match the information reported on your original Form IL-941.

A		B	C	D	E
X	#	Payee's/Employee's name	SSN (do not include dashes)	Income for Quarter	Withholding for Quarter
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
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