



Illinois Department of Revenue

Form IL-941-X 2017 Amended Illinois Withholding Income Tax Return**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 you have an address change.**Reporting Period**

Check the quarter you are amending.

☐ **1st** (January, February, March)☐ **2nd** (April, May, June)☐ **3rd** (July, August, September)☐ **4th** (October, November, December)**Step 2: Tell us about your business****A** If you have submitted your Forms W-2 and W-2c for this year electronically, check this box.**A** ☐**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.**B** ☐ ____ / ____ / 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.

For more information, see the instructions or go to illinoisretirement.gov.**C** ☐**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** _____ ◆**Continue to Page 2.**

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PO BOX 19016
SPRINGFIELD IL 62794-9016

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** _____ ◆**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** _____ ◆**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** _____

- 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 through DCEO 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** 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.

7 _____

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

8 _____**Step 6: Figure your balance**

- 9** If Line 4 is greater than Line 8, subtract Line 8 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.)

9 _____

- 10** If Line 8 is greater than Line 4, subtract Line 4 from Line 8. This amount is your overpayment.

10 _____

- 11** Check the appropriate box to tell us how you would like to request your overpayment and complete the Overpayment Worksheet on Page 3 to explain the reason for your overpayment. **Note:** Checking the refund box does not guarantee a refund.

IDOR-approved Credit ☐

Refund ☐

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 Month Day Year

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

Paid Preparer (please print) _____ PTIN _____ (_____) _____ / ____ / ____
Daytime telephone number Month Day Year

NS IR DR _____

Overpayment Worksheet

If you checked either box on Line 11, you must check at least one or more boxes below. **Note: After we process your amended form, we will notify you of any amount of overpayment approved as an IDOR-approved credit or refund. Refunds are only approved if you cannot use your IDOR-approved credit.**

The amount of overpayment is due to the following:

- ☐ a. I made an additional payment or payments that was or were 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 myself in error. I am not required to withhold on my income.
- ☐ d. I am a sole proprietor that has no employees and I registered in error for withholding income tax. I paid withholding income tax to Illinois in error. Complete Step 2, Line B.
- ☐ e. I withheld tax from an employee, reported this amount to Illinois in error, and have repaid the excess withholding to the employee.
- ☐ f. I copied information incorrectly or made a mathematical error on the original return that did not affect the tax withheld from my employees but caused my withholding income tax to be over-reported and overpaid to Illinois.
- ☐ g. I am reducing withholding I reported on Step 4, Line 2 because I incorrectly reported third party sick pay and have paid more withholding income tax than required to Illinois. This sick pay was paid by a third party and is the third party's responsibility to report.
- ☐ h. Other: _____

← Go back to Page 2, Step 7, to sign your return and remember to include any necessary support.

Important Information

Support Required

You must provide the following documentation to support your amended return.

- **All Forms W-2 and W-2c that have not been submitted to Illinois electronically and all Forms W-2G and 1099 showing Illinois withholding submitted for the year, or**
- **If none of these items have been issued to the payees at the time of filing this form, you must submit payee records that include**
 - **the FEIN of the business,**
 - **the date range covered by the records, and**
 - **name, SSN, income amount, and Illinois tax withheld for each payee.**

IDOR-approved Credit

An amended return is not required to request approval for your overpayment to be verified as an IDOR-approved credit if you are not changing the withholding tax amount you originally reported. Complete and submit Form IL-2000. For more information or to obtain this form, go to our website at tax.illinois.gov.

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