_ Ord	TOTTIL STI	ZOIJ Amended II	IIIIOIS WILIII	iolaling inicol	THE TAX NETUTT
Ste	p 1: Provide your inf	ormation			Reporting Period
					If you are a quarterly filer: Check the quarter you are amending.
Fede	al employer identification number (FEIN	N) Seq. number		Check this	1st (January, February, March)
Busin	ess name		Ш	box if your business	2nd (April, May, June)
				name has changed.	3rd (July, August, September)
C/O				Check this	
Mailin	g address			box if you have an	4th (October, November, December)
				address change.	If you are an annual filer: Check the box if you are amending an annual return.
City		State ZIP		onango.	January — December
Ste	p 2: Tell us about your b	usiness			
Α	If your business has permanently stop	pped withholding because it has closed	, or you		
		is taxes from other payments, check th	e box		A 🗆 / / / / / / / / / / / / / / / / / /
	and enter the date you stopped withho	лаing. 			A / / 2019
Ste	p 3: Tell us about the an	nount subject to withhold	ding	Column Most recent amoun	
1		o Illinois withholding income tax this re	porting period,	Most recent amoun	corrected amount
	including payroll, compensation, and o	other amounts. See instructions.	1		1
Ste	p 4: Tell us about the am	ount withheld and previo	us overpa	yments	
2		s Income Tax actually withheld from yo			
		o not leave this line blank. This line shou s Income Tax during this reporting perio			2
	If applicable, attach W-2-C forms.				
3		ed IL-941-X resulted in a credit that you			
	have already received, please enter thi	approved credit for the period, or a refur is amount. See instructions.	ilu you		3
4	Add Column B, Lines 2 and 3 and ente				4
Ste	p 5: Tell us about your p	ayments and credits			
5		olding payments you have made to IDOI	R for this period		
	This includes all IL-501 payments (ele	ctronic and paper coupons), as well as	any subsequent		_
_		or interest paid. Do not estimate this a			5
6		redit you are using this period. Credits confirmation from IDOR. See instruction			6
7	Enter the amount of credit through DC		7		
8	Add Lines 5 through 7 and enter the to	• •	8		8
Ste	p 6: Figure the amount y				
9		lumn B, Line 8, subtract Column B, Line	e 8 from Line 4	This is your rema	ninina
	balance due. Make your payment elec	ctronically or make your remittance pay	able to "Illinois		-
	• • • •	-weekly payers must pay electronically.			9
10		nn B, Line 8, subtract Line 4 from Colun	nn B, Line 8. Thi	s is your overpay ı	ment. 10
11	Note: You must complete Line 11. Check the appropriate box to tell us w	hat to do with your overnayment and			Credit
• • •	complete the Overpayment Workshee				Credit
		the refund box does not guarantee a re	efund.		Refund
	p 7: Sign here				
Unde	er penalties of perjury, I state that, to				lete.
Signa	tura	()	/ Month D	/ Dav Year	Check this box if we may
Jigi ia	iuio	Daytime telephone number	WOULT L	ruy 1 0 a1	discuss this return with the preparer shown in this step.
No :	of Preparer (Please print)	() Daytime telephone number	/ Month	/	
ivalile	or Freparer (Frease print)	Dayume telephone number	IVIOTILI	Day Year	

Mail to: ILLINOIS DEPARTMENT OF REVENUE PO BOX 19016

SPRINGFIELD IL 62794-9016

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	Overpayment Worksheet
-	hecked either box on Line 11, you must check at least one or more boxes below. Note: Overpayments are usually issued as ment-approved credits. Refunds are only approved if you cannot use your credit.
∐ а.	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.
Ш е.	I withheld tax from an employee 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.
g.	I am reducing withholding because I reported third party sick pay on Step 4, Line 2.
h.	I am filing this return to receive an IDOR-approved credit for a previous period.
i.	Other:
	Go back to Page 1, Step 7, to sign your return and remember to include any necessary support.