



Form IL-941 2021 Illinois Withholding Income Tax Return Instructions available at tax.illinois.gov

ep 1: Provide your information				Check this box if this is	Reporting Period		
				your first return.	Chec	k the quarter you	are reporting
deral employer identification nu	umber (FEIN) Se	eq. number		Check this box if your business		1st (January/Feb due April 30, 202 2nd (April/May/J	21
iness name				name has changed.		due August 2, 20	
			П	Check this		3rd (July/August/	'
1				box if your address	Ιп	due November 1 4th (October/Nover	
ling address				has changed.		due January 31, 2	
ing address				-			
	State	ZIP					
p 2: Tell us about	vour business	;					
•	•	oorting Illinois withholdi	na vou issue	d for the enti	ro vos	r* Λ1	
		eporting Illinois withhold					
*Only complete Lines A	1 and A2 when you fil	ile your 4th quarter or fina	al return.				
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		nois taxes from other pa This is considered you					
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Continue on the next page.



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2b Enter the amount from Page 1, Step 4, Line 2a.	
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•	Continued Inter the amount fro	m Page 1.	Step 4. Line 2	а.		2	b		<u>. </u>
	d month of quarter (- ·		; August for 3rd				
Day	-		Amount	Day	Amount		Day		
1		9	•	17		. 2	25		·
	·		·						
			·						·
	·								
	·								·
	·								
	I Illinois Income Tax						2c		
2d T	hird month of quart	er (<i>i.e.</i> . Marc	h for 1st quarter: Ju	ine for 2nd quar	ter: September fo	or 3rd quarter:	: and D	ecember fo	r 4th quarter)
Day	•		Amount	Day	Amount		Day		
1		9		_ 17 _		2	25		
	•								
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	·								
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			· · · · · · · · · · · · · · · · · · ·				-		
	I Illinois Income Tax						2d		
	Lines 2b, 2c, and 2d a		•		•				
	is Income Tax actual						01	2	
Step 5:	Tell us about you	ur payme	ents and cre	dits					
3 Ente	r the amount of credit	from the S	Schedule WC vo	nu are usino t	his period Se	ee instructio	าทร	3	
	r the total dollar amou		-	•	•			-	
	enue (IDOR) for this p						t OI		
coup	ons). Do not estimat	e this amo	ount.	, ,	,			4	
5 Add	Lines 3 and 4 and en	ter the tota	I amount here.					5	
Step 6:	Figure your bala	nce							
6 If Lin	e 2 is greater than Li	ne 5, subtra	act Line 5 from	Line 2. This i	s vour remai i	ning			
bala	nce due . Make your j	oayment el	ectronically or r	nake your re	mittance paya	able			
	linois Department on the best of the line			greater than	Line 2, see 1	the instruc	tions.	6	
`		<u> </u>							
Step 7: Sign	Sign here Under p	enalties of p	erjury, I state tha	it, to the best o	of my knowledg	ge, this returr	า is tru		
Here		ı	1		1()			eck if the Departme cuss this return with t
	ature	Date	(mm/dd/yyyy) Title	9	Ph	none			parer shown in this s
Paid								Check i	
Preparer	Paid preparer's name		Paid prepa	rer's signature		Date (mm/dd/yy			Paid Preparer's P
Use Only	Firm's name						Firm's I		
	Firm's address						Firm's	phone▶ ()

Mail to: ILLINOIS DEPARTMENT OF REVENUE PO BOX 19052 SPRINGFIELD IL 62794-9052 NS IR DR IL-941 Back (R-12/20)





Illinois Department of Revenue

2021 Schedule P Illinois Withholding Schedule

Filing	period:

ess name		FEIN			
Payee's/Employee's name	◇SSN (do not include dashes)◇	Income for Quarter	◇Withholding for Quarter ◇		