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
- and if required a Schedule WC Note: Do not attach additional correspondence

——	ach a completed Schedule F-X and h	required,	a Schedule (WC. NOTE. DO NOT a	attacii additional co	лезропие		
Ste	p 1: Provide your information	n						
Federal employer identification number (FEIN) Seq. number					Check this box if your	Reporting Period		
Busin	ess name		business name has changed.	Check the q	quarter you are amending. 1st (January, February, March)			
C/O					Check this box if you	<u> </u>	2nd (April, May, June)	
Mailing address					have an address change.		3rd (July, August, September) 4th (October, November, December)	
City		State	ZIP		•			
Ste	p 2: Tell us about your busi	ness						
A1 A2	Enter the total number of Forms W Enter the total number of Forms 10 *Only complete Lines A1 and A2 when)99 report	ting Illinois w	ithholding you is:			A1 A2	
В	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					- ft	Month Day	
	returns unless you resume withhole				return. Do not ill		B// 2022	
Ste	p 3: Tell us about the amou	nt subje	ect to with	nholding			Corrected amount	
1	Enter the total dollar amount subje period, including payroll, compensations						1	
Ste	p 4: Tell us about the amour	t withh	eld and p	revious overp	ayments			

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 "\rightarrow").

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 Amoun	t	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 mo	nth. (Add Se	ection 2a	, Lines 1-31.)	♦ 2a	



Step 4: Continued

2c			Step 4, Line 2a.		quarter: August for 3r		November for 4th quarter
	y Amount	-	Amount		Amount		Amount
1_	·	9	·	17		_ 25	·
	-		<u>-</u>				
	·						
			•		- <u>-</u> -		
			·		·		·
			·		·		
			·				
			·				
	tal Illinois Income						<u>. </u>
2d	Third month of a	uarter (<i>i.e.</i> . Mar	ch for 1st quarter: Ju	ne for 2nd quart	er: September for 3rd	guarter: and [December for 4th quarter)
	y Amount		Amount		Amount		Amount
	·	•	·	•	·	,	
			·		·		·
	·		·		·		·
	··		·		·		·
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	tal Illinois Income						
hav Add ep 5 : Ent Ent	eviously allowed to be already received d Lines 2 and 3 and Tell us about ter the amount of coter the total dollar a venue (IDOR) for the	I, please enter d enter the total your paym redit from the amount of with his period. This	this amount. Se al amount here. ents and cree Schedule WC yo	dits u are using the syou made to	nis period. See in	structions.	3 4 5
		imate this am	ount.	oo i payineins	(electronic and p	/αροι	6
COL	upons). Do not est i d Lines 5 and 6 and			oor payments	(electronic and p	vapo.	6 7
Add ep 6: If L Ma Re	upons). Do not estid Lines 5 and 6 and: Figure your backe your payment evenue." (Semi-we	d enter the total palance in Line 7, subtilectronically or leckly payers m	ract Line 7 from I r make your remi	Line 4. This is ttance payab	s your remaining le to " Illinois De	balance do	7ue. f 8
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IL-941-X Back (R-12/21)





Illinois Department of Revenue

2022 Schedule P-X Amended Illinois Withholding Schedule

Filing period:

Complete and attach to Form IL-941-X to verify Illinois income and withholding records. This form is **required**. **Note**: Check the box in the first column if the income and withholding information for the payee or employee has changed.

Busi	ness	name:	FEIN:					
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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	24		 					