



This form is required to be filed electronically. To request a waiver, complete and submit Form IL-900-EW. To file electronically, use MyTax Illinois at mytax.illinois.gov or an IDOR-approved tax prep software program.

Step 1: Provide your information

Form with fields for Federal employer identification number (FEIN), Seq. number, Business name, C/O, Mailing Address, City, State, ZIP.

- Check this box if this is your first return.
Check this box if your business name has changed.
Check this box if your address has changed.

Reporting Period section with checkboxes for 1st, 2nd, 3rd, and 4th quarters.

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.
A2 Enter the total number of Forms 1099 reporting Illinois withholding you issued for the entire year.
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 Box B and enter the date you stopped withholding.

Step 3: Tell us about the amount subject to withholding

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

Step 4: Tell us about the amount withheld

- 2 Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the date 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)

Table with 4 columns: Day, Amount, Day, Amount, Day, Amount, Day, Amount. Rows 1-31.

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)

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** _____

Step 5: Tell us about your payments and credits

- 3** Enter the amount of credit from the Schedule WC you are using this period. See instructions. **3** _____
- 4** 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.** **4** _____
- 5** Add Lines 3 and 4 and enter the total amount here. **5** _____

Step 6: Figure your balance

- 6** If Line 2 is greater than Line 5, subtract Line 5 from Line 2. This is your **remaining balance due**. Make your payment electronically or make your remittance payable to **"Illinois Department of Revenue."** **If Line 5 is greater than Line 2, see the instructions.** (Semi-weekly payers **must pay** electronically.) **6** _____

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 (mm/dd/yyyy)	Title	Daytime phone number ()	<input type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
	Print/Type paid preparer's name		Paid preparer's signature		
Paid Preparer Use Only	Firm's name ▶		Firm's FEIN ▶		<input type="checkbox"/> Check if self-employed
	Firm's address ▶		Firm's phone ▶ ()		



2025 Schedule P Illinois Withholding Schedule

Complete and attach to Form IL-941 to verify Illinois income and withholding records. This form is **required**.

Business name _____ FEIN _____

#	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				
13				
14				
15				
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