

**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**NTF 2587091 **5 IL9412****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.	
	_____	_____	_____	_____			
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)	<input type="checkbox"/>	Check if self-employed
	_____		_____		_____		
	Firm's name ▶	_____			Firm's FEIN ▶	_____	
	Firm's address ▶	_____			Firm's phone ▶	_____	

NS IR DR _____

IL-941 (R-12/24)

**Mail to: ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19052
SPRINGFIELD IL 62794-9052**