### State of Illinois Small Business Set-Aside Program

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# Who can participate in the Small Business Set-Aside Program?

- A small business in Illinois is defined as a sole proprietor whose primary residence is in Illinois or is a business recognized by the Illinois Secretary of State as a domestic entity that also meets the thresholds below:
- Retail/service < \$8 million</li>
- Wholesale < \$13 million</li>
- Construction < 14 million</li>
- Manufacturing < Less than 250 employees</li>

#### How do I enroll?

- 1. Visitipg.vendorreg.com.
- 2. Complete the IPG Registration.
- 3. Include your State and Federal Tax returns (Form C) with your application.
- Manufactures must also provide the Illinois IL-941.
- Sole Proprietorships must also provide federal Schedule C.
- Follow the application directions carefully to avoid delay in processing.
- 4. Enroll as a user of the Illinois Procurement Bulletin at BidBuy. Illinois.gov.

### Sole Proprietors and Single-Member

(Form	HEDULE C n 1040 or 1040-SR) tment of the Treasury al Revenue Service (99)			(Sole P ww.irs.gov/ScheduleC fo	roprie or inst	om Business torship) ructions and the latest information ; partnerships generally must file l		OMB No. 1545-0074  2019  Attachment Sequence No. 09	•	To the second	2019 Fo	rtment of Revenue  Orm IL-1040  come Tax Return  spayers file electronically. It is	is easy
Name	of proprietor						Social	ecurity number (SSN)	S	Step 1: I	Personal Informati	on and Social Security numbers.	Var. mar
A	Principal business	or profession	n, inclu	ding product or service (se	e instr	uctions)	B Ente	code from instructions			personal information of provide a partial So		You mu
С	Business name. If I	no separate	busine	ss name, leave blank.			D Empl	oyer ID number (EIN) (see instr.)		Your fir	st name and initial	Your last name	
E	Business address	(including su	ite or r	nom no.) ►						Spous	e's first name and initial	Spouse's last name	
	City, town or post												
F	Accounting metho				a 🗆	Other (specify)				Mailing	address (See instructions	if foreign address)	
G						2019? If "No," see instructions for li	mit on lo	sses Yes No		-			
н				•						City			
ï						n(s) 1099? (see instructions)				Farada	Nation, if not United State	(de est elderriete)	
J									В			Married filing jointly Ma	rried fili
Par	rt I Income	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							_				
1	Gross receipts or s	sales. See in	structio	ons for line 1 and check the	hox i	this income was reported to you or			C			n you, or your spouse if filing joi	
•						1	1		<u>D</u>			s to you during 2019: U Nonr	esident
2							2		l s	tep 2: I			
3	Subtract line 2 from	m line 1 .					3		1 1			ome from your federal Form 1 est and dividend income from	
4	Cost of goods sold	d (from line 4	2) .				4		3		r additions. <b>Attach</b> So		your led
5	Gross profit. Sub	tract line 4 fr	om lin	93			. 5		1 4		l income. Add Lines		
6	Other income, incli	uding federa	l and s	tate gasoline or fuel tax cre	edit or	refund (see instructions)	6		1 1 4			t through o.	
7	Gross income. Ad	dd lines 5 an	d6.				7		•		Base Income		
Par				or business use of you					5			nd certain retirement plan incor e 1. <b>Attach</b> Page 1 of federal re	
8	Advertising		8	,	18	Office expense (see instructions)	18		e 6			ment included in federal Form	
9	Car and truck expe	enses (see			19	Pension and profit-sharing plans	19		1 24		dule 1. Ln. 1.	mont included in lederal Politi	10-10-01
	instructions)		9		20	Rent or lease (see instructions):			SE 7		r subtractions. Attach	Schedule M.	
10	Commissions and	fees .	10		a	Vehicles, machinery, and equipment	20a		lo			any amount from Schedule 1	299-C.
11	Contract labor (see in	nstructions)	11		ь	Other business property	20b		6 8			s is the total of your subtraction	
12	Depletion	'	12		21	Repairs and maintenance	21		9601			stract Line 8 from Line 4.	
13	Depreciation and se expense deducti		$\neg$		22	Supplies (not included in Part III)	22		2 8	tep 4: E	xemptions		

	Use your mouse of	or Tab key to move through th	ne fields. Use your mouse or spa	ce bar to enable check boxes.
•	2019 Fe	rtment of Revenue		
	4	come Tax Return xpayers file electronically. It	t is easy and you will get you	or for fiscal year ending/_ r refund faster. Visit tax.illinois.gov.
Şte	ep 1: Personal Information	on		
A	Do not provide a partial Soc		s. You must provide the entire S	ocial Security number for you and your spou
	Do not provide a partial Soc	cial Security Humber.		
	Your first name and initial	Your last name	Year of birth	Your Social Security number
	Spouse's first name and initial	Spouse's last name	Spouse's year of birth	Spouse's Social Security number
	Mailing address (See instructions i	if foreign address)	Apartment number	County (Illinois only)
	City		State	ZIP or Postal Code
	,		State	ZIP of Postal Code
		s (do not abbreviate)	State	ZIF of Postal Code
В	Foreign Nation, if not United States Filing status: Single		larried filing separately	_
B C	Foreign Nation, if not United States Filing status: Single	Married filing jointly M	_	dowed Head of household
	Foreign Nation, if not United States Filling status: Single Check If someone can claim	Married filing jointly M m you, or your spouse if filing jo	flarried filing separately Wicointly, as a dependent. See instru	dowed Head of household
C D	Foreign Nation, if not United States Filling status: Single Check If someone can claim	Married filing jointly M m you, or your spouse if filing jo	flarried filing separately Wicointly, as a dependent. See instru	dowed Head of household
C D Ste	Foreign Nation, if not United States Filing status: Single Check If someone can claim Check the box if this applie P2: Income Federal adjusted gross income	Married filing jointly Mn you, or your spouse if filing joes to you during 2019: Nor	larried filing separately Widointly, as a dependent. See instrunresident - Attach Sch. NR	dowed Head of household actions. You Spouse Part-year resident - Attach Sch. NR (Whole dollars only)
C D Ste 1	Foreign Nation, if not United States Filling status: Single Check If someone can claim Check the box if this applie Ep 2: Income Federal adjusted gross inco- Federally tax-exempt interes	Married filing jointly Mn you, or your spouse if filing joes to you during 2019: Nor your federal Form est and dividend income from	larried filing separately Widointly, as a dependent. See instrunresident - Attach Sch. NR	dowed Head of household actions. You Spouse Part-year resident - Attach Sch. NR (Whole dollars only)  10-SR, Line 2a. 2
C D Ste 1 2	Foreign Nation, if not United States Filling status: Single Check If someone can claim Check the box if this applie p2: Income Federal adjusted gross incorederally tax-exempt intere Other additions. Attach Sc	Married filing jointly Maryou, or your spouse if filing joes to you during 2019: Not some from your federal Form test and dividend income from chedule M.	larried filing separately Widointly, as a dependent. See instrunresident - Attach Sch. NR	dowed Head of household uctions. You Spouse Part-year resident - Attach Sch. NR  (Whole dollars only)  10-SR, Line 2a. 2  3
C Ste 1 2 3 4	Foreign Nation, if not United States Filing status: Single Check If someone can claim Check the box if this applie pp 2: Income Federal adjusted gross ince Federally tax-exempt intere Other additions. Attach Sc Total income. Add Lines 1	Married filing jointly Maryou, or your spouse if filing joes to you during 2019: Not some from your federal Form test and dividend income from chedule M.	larried filing separately Widointly, as a dependent. See instrunresident - Attach Sch. NR	dowed Head of household actions. You Spouse Part-year resident - Attach Sch. NR (Whole dollars only)  10-SR, Line 2a. 2
Ste 1 2 3 4 Ste	Foreign Nation, if not United States Filing status: Single Check If someone can claim Check the box if this applie pp 2: Income Federal adjusted gross ince Federally tax-exempt intere Other additions. Attach Sc Total income. Add Lines 1 pp 3: Base Income	Married filing jointly Maryou, or your spouse if filing joes to you during 2019: Norward Standard Maryou federal Form est and dividend income from chedule M.	larried filing separately Wio ointly, as a dependent. See instru- nresident - Attach Sch. NR 1 1040 or 1040-SR, Line 8b. n your federal Form 1040 or 104	dowed Head of household uctions. You Spouse Part-year resident - Attach Sch. NR  (Whole dollars only)  10-SR, Line 2a. 2  3
C Ste 1 2 3 4	Foreign Nation, if not United States Filing status: Single Check If someone can claim Check the box if this applie EP 2: Income Federal adjusted gross incerederally tax-exempt interedutes additions. Attach Scotolar Income. Add Lines 1 EP 3: Base Income Social Security benefits an	Married filing jointly Maryou, or your spouse if filing joes to you during 2019: Norway Norwa	larried filing separately Widointly, as a dependent. See instrunresident - Attach Sch. NR 1040 or 1040-SR, Line 8b. In your federal Form 1040 or 1040	dowed Head of household actions. You Spouse Part-year resident - Attach Sch. NR  (Whole dollars only)  1 2 0-SR, Line 2a. 2 3 0.0
C D Ste 1 2 3 4 Ste 5	Foreign Nation, if not United States Filling status: Single Check If someone can claim Check the box if this applie Pp 2: Income Federal adjusted gross incerederally tax-exempt intereditions. Attach Sc Total income. Add Lines 1 Pp 3: Base Income Social Security benefits an received if included in Line	Married filing jointly Maryou, or your spouse if filing joes to you during 2019: Nor some from your federal Form sest and dividend income from chedule M. 1 through 3.	larried filing separately Wicontly, as a dependent. See instrunresident - Attach Sch. NR 1040 or 1040-SR, Line 8b. In your federal Form 1040 or 1040 o	dowed Head of household uctions. You Spouse Part-year resident - Attach Sch. NR  (Whole dollars only)  10-SR, Line 2a. 2  3
Ste 1 2 3 4 Ste	Foreign Nation, if not United States Filling status: Single Check If someone can claim Check the box if this applie Ep 2: Income Federal adjusted gross ince Federally tax-exempt intere Other additions. Attach Sc Total income. Add Lines 1 Ep 3: Base Income Social Security benefits an received if included in Line Illinois Income Tax overpayi	Married filing jointly Maryou, or your spouse if filing joes to you during 2019: Norway Norwa	larried filing separately Wicontly, as a dependent. See instrunresident - Attach Sch. NR 1040 or 1040-SR, Line 8b. In your federal Form 1040 or 1040 o	dowed Head of household actions. You Spouse Part-year resident - Attach Sch. NR  (Whole dollars only)  1
C D Ste 1 2 3 4 Ste 5	Foreign Nation, if not United States Filling status: Single Check If someone can claim Check the box if this applie Pp 2: Income Federal adjusted gross incerederally tax-exempt intereditions. Attach Sc Total income. Add Lines 1 Pp 3: Base Income Social Security benefits an received if included in Line	Married filing jointly Maryou, or your spouse if filing joes to you during 2019: Norwest and dividend income from schedule M.  1 through 3.  Attach Page 1 of federal from ment included in federal Form	larried filing separately Wicontly, as a dependent. See instrunresident - Attach Sch. NR 1040 or 1040-SR, Line 8b. In your federal Form 1040 or 1040 o	dowed Head of household actions. You Spouse Part-year resident - Attach Sch. NR  (Whole dollars only)  1 2 0-SR, Line 2a. 2 3 0.0
C D Ste 1 2 3 4 Ste 5	Foreign Nation, if not United States Filing status: Single Check If someone can claim Check the box if this applie pp 2: Income Federal adjusted gross incerederally tax-exempt intere Other additions. Attach Sc Total income. Add Lines 1 pp 3: Base Income Social Security benefits an received if included in Line Illinois Income Tax overpay Schedule 1, Ln. 1. Other subtractions. Attach	Married filing jointly Maryou, or your spouse if filing joes to you during 2019: Norwest and dividend income from schedule M.  1 through 3.  Attach Page 1 of federal from ment included in federal Form	darried filing separately Wicointly, as a dependent. See instrunresident - Attach Sch. NR 1040 or 1040-SR, Line 8b. In your federal Form 1040 or 1040-SR,	dowed Head of household uctions. You Spouse Part-year resident - Attach Sch. NR  (Whole dollars only) 40-SR, Line 2a. 2 3 4 5 6 00
C D Ste 1 2 3 4 Ste 5	Foreign Nation, if not United States Filling status: Single Check If someone can claim Check the box if this applie Pp 2: Income Federal adjusted gross incorederally tax-exempt intered. Other additions. Attach Scatolincome. Add Lines 1 Pp 3: Base Income Social Security benefits an received if included in Line Illinois Income Tax overpays Schedule 1, Ln. 1. Other subtractions. Attach Check if Line 7 includes a	Married filing jointly Maryou, or your spouse if filing joes to you during 2019: Not come from your federal Form the stand dividend income from chedule M.  I through 3.  Indicate Talach Page 1 of federal Form the stand of federal Form the standard in federal Form the standard in Schedule M.	darried filing separately Wicontly, as a dependent. See instrunresident - Attach Sch. NR 1040 or 1040-SR, Line 8b. In your federal Form 1040 or 1040-SR,	dowed Head of household uctions. You Spouse Part-year resident - Attach Sch. NR  (Whole dollars only) 40-SR, Line 2a. 2 3 4 5 6 00

#### S Corporations and C Corporations

	1120-S		U.S. Income Tax Return for an S Corporation		OMB No. 1545-0123			
	partment of the Treasury rnal Revenue Service	,	<ul> <li>▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.</li> <li>▶ Go to www.irs.gov/Form1120S for instructions and the latest information.</li> </ul>					
For	r calendar year 2019 (	or tax ye	ar beginning , 2019, ending		, 20			
	S election effective date	TYPE	Name		r identification number			
	Business activity code number (see instructions)	OR PRINT	Number, street, and room or suite no. If a P.O. box, see instructions.  City or town, state or province, country, and ZIP or foreign postal code	E Date inco	ets (see instructions)			
2 0	Check if Sch. M-3 attached	1	only of town, out of profined, odding, and all of foliagn postar odd	ė lotai ass	ota (acc matructiona)			
1 I J	Check if: (1) Final r Enter the number of s Check if corporation: (	return (2 harehold 1) 🔲 Agg	an S corporation beginning with this tax year?  Yes  No If "Yes," att Name change (3) Address change (4) Amended return (5)  ars who were shareholders during any part of the tax year regated activities for section 465 at -insk purposes (2) Grouped activities for section.	S election t ► ection 469 pa	ermination or revocatio			
au			ess income and expenses on lines 1a through 21. See the instructions for more i	ntormation.	I			
	1a Gross receipts b Returns and a			_				
			b from line 1a	. 1c				
ne				. 2				
Income		,						
<u>ĕ</u>	3 Gross profit. Subtract line 2 from line 1c							
			m 4797, line 17 (attach Form 4797)	. 4				
			e instructions—attach statement)	. 5				
orn	n 1120 artment of the Treasury		1100 11 T D 1					
	artment of the Treasury I	For calen	U.S. Corporation Income Tax Return  lar year 2019 or tax year beginning, 2019, ending	, 20	OMB No. 1545-0123			
nter	rnal Revenue Service		lar year 2019 or tax year beginning, 2019, ending,  ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.	, 20	OMB No. 1545-0123			
nteri	rnal Revenue Service Check if:		dar year 2019 or tax year beginning, 2019, ending	B Employe	2019			
a C (a b L d	rmal Revenue Service Check if: Consolidated return and Ferom 851)	YPE N	lar year 2019 or tax year beginning, 2019, ending,  ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.	B Employe	2019			
a C (a b L d P	rmal Revenue Service  Check if: Consolidated return attach Form 851)	YPE N	ar year 2019 or tax year beginning, 2019, ending ▶ Go to www.irs.gov/Form1120 for instructions and the latest information. me	C Date inco	2019			
a C (a (a b L d p (a P	mal Revenue Service Check if: Chosolidate return attach Form 851) Life/nonlife consoli- lated return Life/nonlife consoli- lated return Personal holding co. Pi Personal service corp. see instructions)	YPE N C	ar year 2019 or tax year beginning, 2019, ending	C Date inco	r identification number			
a C (a (a b L d p (a P	mai Revenue Service Check if: Onsolidated return attach Form 851) Infe/nonlife consoli- lated return . O attach Sch. PH) . O attach Sch. PH) . O attach Sch. PH . O	YPE R RINT C	tar year 2019 or tax year beginning , 2019, ending  ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.  me  umber, street, and room or suite no. If a P.O. box, see instructions.  ty or town, state or province, country, and ZIP or foreign postal code  (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change	C Date inco	r identification number reporated sts (see instructions)			
a C (a (a b L d p (a P	mai Revenue Service  Check if:  Chosolidated return attach Form 851)  Internantie Consolidated return tatach Form 851)  Internantie Consolidated return . — O attach Sch. PHi)  Tersonal sortice corp. — Schedule M-3 attached    1a Gross receipts b Returns and alle	YPE R RINT C Check if: or sales owances	ar year 2019 or tax year beginning , 2019, ending  ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.  me  umber, street, and room or suite no. If a P.O. box, see instructions.  ty or town, state or province, country, and ZIP or foreign postal code  (1) Initial return (2) Final return (3) Name change  1 a 1b	C Date inco  D Total asse	r identification number reporated ets (see instructions) \$ ess change			
a C (a b L d (a P (a	mai Revenue Service  Check if: Chosolidate return attach Form 851) Life/noniffe consolidated return state from 851) Lated return O lated O	YPE R No Control No Co	tar year 2019 or tax year beginning	C Date inco  D Total asse  (4)  Addr  16	r identification number reporated ets (see instructions) \$ ess change			
a C (a b L d (a P (a	main Revenue Service  Thorse is a consultation of the Telephonic Consultation from 851)  Intervining Consultation Consultation Sch. Pth.  The Telephonic Consultation Sch. Pth	YPE RRINT C Check if: Check if: or sales owances ract line 1 sold (attac	tar year 2019 or tax year beginning	C Date inco  D Total asse  (4) Addr  16	r identification number reporated styles (see instructions)			
a C (a b L d (a P (a	mai Revenue Service Check if: Chost	YPE R RINT C C C C C C C C C C C C C C C C C C C	ar year 2019 or tax year beginning , 2019, ending  ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.  me  umber, street, and room or suite no. If a P.O. box, see instructions.  ty or town, state or province, country, and ZIP or foreign postal code  (1) □ Initial return   (2) □ Final return   (3) □ Name change	C Date inco  D Total asse  (4)	r identification number			
a C (a C	mai Revenue Service Check if: Chosolidated return attach Form 851) Life/nonille consolidated return	YPE R RINT C C C C C C C C C C C C C C C C C C C	tar year 2019 or tax year beginning	C Date inco  D Total asset  (4)	r identification number reporated sets (see instructions) \$ ess change			
b L d	mai Revenue Service  Check if:  Chosolidated return attach Form 851)  Internalities consolidated return personal holding co. attach Sch. PHi)  It a Gross receipts b Returns and all c Balance. Subtr 2 Cost of goods 3 Gross profit. S Pividends and id Interest	YPE R RINT C C C C C C C C C C C C C C C C C C C	ar year 2019 or tax year beginning , 2019, ending  ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.  me  umber, street, and room or suite no. If a P.O. box, see instructions.  ty or town, state or province, country, and ZIP or foreign postal code  (1) □ Initial return   (2) □ Final return   (3) □ Name change	C Date inco  D Total asset  (4)	r identification number reporated sts (see instructions) \$ ess change			
a C (a C	mai Revenue Service  Check if:  C	YPE R RINT C  Check if: or sales owances act line 1 sold (attacubtract lir inclusions	ar year 2019 or tax year beginning , 2019, ending  ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.  me  umber, street, and room or suite no. If a P.O. box, see instructions.  ty or town, state or province, country, and ZIP or foreign postal code  (1) □ Initial return   (2) □ Final return   (3) □ Name change	C Date inco  D Total asset  (4)	r identification number reporated styles (see instructions) \$ esse change			
a C (a C	mai Revenue Service Check if: Chosk	YPE RRINT C C C C C C C C C C C C C C C C C C C	ar year 2019 or tax year beginning , 2019, ending  ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.  me  umber, street, and room or suite no. If a P.O. box, see instructions.  ty or town, state or province, country, and ZIP or foreign postal code  (1)	C Date inco  D Total asset  (4)	r identification number reporated sts (see instructions) \$ ess change			
hteri la C (a b L d d (a P (a	mai Revenue Service Check if: Chosolidated return attach Form 851) Life/nonlife consolidated return	YPE RRINT C Check iff. or sales owances ract line 1 sold (attacubtract lir inclusions	ar year 2019 or tax year beginning , 2019, ending  ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.  me  umber, street, and room or suite no. If a P.O. box, see instructions.  ty or town, state or province, country, and ZIP or foreign postal code  (1) □ Initial return   (2) □ Final return   (3) □ Name change	C Date inco  D Total asset  (4)	r identification number reporated ets (see instructions) \$ ess change			

•	Illinois Department of Revenue  2019 Form IL-1120-ST  Small Business Corporation Replacement Tax Retorn Due on or before the 15th day of the 3rd month following the		the tax year.
Tax	vear beginning month day 20 ending month day ear ending or all other situations, see instructions to determine the correct form to use	re Decemb	Enter the amount you are paying. ber 31, 2020.
	D1: Identify your small business corporation  Enter your complete legal business name.  If you have a name change, check this box.  Name:  Enter your mailing address.  Check this box if either of the following apply:  this is your first return, or  you have an address change.	M	
	C/O:           Mailing address:           City:         State:         ZIP:	N	System (NAICS) Code. See instructions.
С	If this is the first or final return, check the applicable box(es).  First return  Final return (Enter the date of termination.	Р	Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter
	If this is a final return because you sold this business, enter the date sold (mm dd yyyy) and the new owner's FEIN.  Apportionment Formulas. Check the appropriate box or boxes and see	Q	City State ZIP If you are making the business income election to treat all nonbusiness income as business income, about this business income as business income,

#### Partnerships

Form	1065		U.S. Return of Partnership Income	OMB No. 1545-0123			
		For cal	endar year 2019, or tax year beginning, 2019, ending, 20	2019			
Department of the Treasury Internal Revenue Service			► Go to www.irs.gov/Form1065 for instructions and the latest information.				
A Prin	cipal business activit	/	Name of partnership	D Employer identification number			
<b>B</b> Princ	cipal product or service	Туре	Number, street, and room or suite no. If a P.O. box, see instructions.	E Date business started			
		or Print					
C Bus	C Business code number		City or town, state or province, country, and ZIP or foreign postal code	F Total assets (see instructions)			
				,,			
				\$			
			(1) Initial return (2) Final return (3) Name change (4) Address change				
			(1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►				
			Attach one for each person who was a partner at any time during the tax year ▶				
			-3 are attached				
			Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469				
Cauti			or business income and expenses on lines 1a through 22 below. See instructions for	r more information.			
	1a Gross re	ceipts o	r sales				
	<b>b</b> Returns	and allo	wances				
	c Balance	. Subtra	ct line 1b from line 1a	1c			
Φ	2 Cost of	goods s	2				
Ĕ	3 Gross p	rofit. Su	3				
ncome			e (loss) from other partnerships, estates, and trusts (attach statement)	4			
느			cool (attach Cahadula F (Farm 1040 or 1040 CD))				

Use your mouse or Tab key to move through the fields. Use your n	nouse or space bar to enable check boxes.
Illinois Department of Revenue  2019 Form IL-1065  Partnership Replacement Tax Return See "When should I file?" in the Form IL-1065 instructions for a list	of due dates.
If this return is not for calendar year 2019, enter your fiscal tax year here.  Tax year beginning	Enter the amount you are paying.  smber 31, 2020.
Step 1: Identify your partnership  A Enter your complete legal business name.  If you have a name change, check this box.  Name:  B Enter your mailing address. Check this box if either of the following apply:  • this is your first return, or  • you have an address change.  C/O:  Mailing address:  City:  State:  ZIP:  C If this is the first or final return, check the applicable box(es).  First return  Final return (Enter the date of termination.  mm dd yyyyy  D If this is a final return because you sold this business, enter the date sold (mm dd yyyy), and the new owner's FEIN.  E Apportionment Formulas. Check the appropriate box or boxes and see Apportionment Formula instructions.	I Enter your federal employer identification number (FEIN).  J Check this box if you are a member of a unitary business group and are included on a Schedule UB, Combined Apportionment for Unitary Business Group. Enter the FEIN of the member who prepared the Schedule UB and attach it to this return.  K Enter your North American Industry Classification System (NAICS) Code. See instructions.  L Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)  City State Zip  If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 36 and 44.  N If you have completed the following, check the box and attach the federal form(s) to this return.
Federally regulated exchanges Sales companies  Federally regulated exchanges  Sales companies  F Check this box if you are:	Federal Form 8886 Federal Sch. M-3, Part II, Line 10  O Check this box if you attached Form IL-4562.  P Check this box if you attached Illinois

#### IL-941

Use your mo	ouse or Tab key to move throu	gh the fields. Use your	mouse or space	bar to enable check boxes.	
Form i	eartment of Revenue  L-941	ama Tay Batur			
				s available at tax.illinois.gov  V. To file electronically, use MyTax	
Illinois at mytax.illinois.gov or a	an IDOR-approved Tax-Prep soft		Check this		
Step 1: Provide your	information		box if this is your first	Reporting Period  Check the quarter you are reporting.	
			return.	1st (January/February/ March)	
Federal employer identification nu	ımber (FEIN) Seq. number		Check this box if your	due April 30, 2020	
Business name			business name has changed.	2nd (April/May/June) due July 31, 2020	
			Check this	3rd (July/August/September)	
C/O			box if your address	due November 2, 2020	
Mallanaddana			has changed.	4th (October/November/December) due February 1, 2021	
Mailing address					
City	State ZIP				
longer pay Illinois was enter the date you sto	permanently stopped withholges or withhold Illinois taxes fi pped withholding. This is con sume withholding Illinois inco	rom other payments, osidered your final retu	check Box B and	d	
•	the amount subject to				
	amount subject to Illinois with a, and other amounts. See ins		ing period, inclu	1	
	the amount withheld				
you paid the comper	nsation. Only enter amound d <u>no</u> Illinois Income Tax du	ts on days you made	withholding -	ployees or others on the date leave the remaining "Day" lines rresponding "Total" line - Line 2	
2a First month of qu	iarter (i.e., January for 1st quarter;	April for 2nd quarter; July f	for 3rd quarter; and	October for 4th quarter)	
Day Amount	Day Amount	Day Amo	unt	Day Amount	
1	9	17		25	
2	10	18		26	
0	4.4	40		07	

# How Do I Register in the IL Procurement Gateway?



#### QUESTIONS?



### Contact Information

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