JB Pritzker, Governor • Renee Snow, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

CAMPGROUND HOST PACKET

The attached forms must be completed every year.

PLEASE RETURN THE COMPLETED FORMS TO: DNR.ParksAdmin@illinois.gov

1. Campground Host Application

2. Relationship & Potential Conflict of Interest Disclosure

3. Waiver and Release of Liability

4. Licensed Vehicle Authorization Form (If Applicable).
   - Must provide Insurance Card for both Vehicle & Camping Unit

5. Background Check Forms (2):
   - Self-Disclosure of Criminal History Form
   - Authorization for Release of Criminal History
   - Must provide Copy of Driver's License

6. Federal W-4 Withholding Certificate

7. State W-4 Withholding Certificate

8. Authorization for Direct Deposit Form
   - Must include a Voided Check

9. Address Certification
   - Under no circumstances shall a campground or campsite be considered a host's residence for purposes of receiving U.S. mail, securing a state-issued driver's license or identification card, or for the purposes of voter registration.

10. Ethnic Form

DO NOT COPY/PRINT PACKET ON DUAL SIDES, as copies and some forms go to different departments.

ILLINOIS DEPARTMENT OF NATURAL RESOURCES
OFFICE OF LAND MANAGEMENT PARKS AND RECREATION
CAMPGROUND HOST APPLICATION
REGION#_____

JOB TITLE: Campground Host **NAME OF SITE:**_____

Name:_____ Phone: (c)_____(w)_____

Date of Birth:____/____/____ Social Security Number (optional)_____

Address:_____

City:_____ State:_____ Zip:_____

Email Address (important):_____

Emergency Contact Information:

Name:_____ Phone:____(____)_____

Name:_____ Phone:____(____)_____

OBJECTIVE – Provide a quality service to Illinois State Parks, with visitors and to encourage compliance with park rules and regulations.

RESPONSIBILITIES TO BE PERFORMED BY VOLUNTEER – Be on duty an average of 35 hours per week including holidays and weekends; represent the Department of Natural Resources with knowledge of rules and regulations; serve as an informational source to the public with respect to the park, activities within the park and community attractions; greet visitors, help them get settled, answer questions, receive comments, pass out literature; collect camping fees; promote care of park and stress keeping a clean campsite; watch for activities or conditions in the park which require immediate attention of the site staff and contact help in emergency situation; perform minor maintenance tasks such as letter pickup and checking restrooms.

PREFERRED QUALIFICATIONS – Minimum stay of four weeks, although hosts may stay longer if desired; hosts should be available to assist park visitors 35 hours per week; required to have own camping equipment; must be 21 years of age or older.

TRAINING AND PREPARATION – Orientation to the site will be provided, including explanation of rules and regulations, emergency procedures, general information, and campground fee collections. Specific training will occur for the above responsibilities and for any additional activities that may arise during volunteer activities at the site as determined by the IDNR Supervisor. Depending on Volunteer interest, some research on the site may be necessary.

FREQUENCY OF SERVICE – Hosts will be on duty for a period of __/__/__ to __/__/__.

Days of the week for services will be _____through_____ including holidays and weekends.

BENEFITS PROVIDED BY THE DEPARTMENT OF NATURAL RESOURCES –Host will receive $1.00 per day for each full day worked and assigned campsite, while enjoying a beautiful setting and contributing to your state park system.

NOTE – Volunteer services may be terminated if the volunteer fails to perform job duties at an acceptable level or fails to comply with Department rules, regulations, policies, and procedures.

I certify that I have read and understand the above terms and provision:

_____ _____

Volunteer Signature Date

_____ _____

IDNR Site Superintendent/Site Asst. Superintendent Signature Date

_____ _____

Printed Name Title

WAIVER OF CAMPGROUND HOST FEE:

I hereby waive the $1.00 per day fee to be paid to me for volunteer duties as campground host as set out in the above written period.

_____ _____

Volunteer Signature Date

Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and those funded by the U.S. Fish and Wildlife Service and other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding sources civil rights office and/or the Equal Employment Opportunity Officer, IDNR, One Natural Resources Way, Springfield, IL 62702-1271; 217/785-0067; TTY 217/782-9175

Attach Waiver and Release of Liability

JB Pritzker, Governor • Renee Snow, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

RELATIONSHIP & POTENTIAL CONFLICT OF INTEREST DISCLOSURE

Campground Host Applicant – Disclosure

Campground Host Applicant – Name _____ IDNR Site _____

The Department of Natural Resources maintains an open selection process for Campground Hosts based upon merit and the ability to perform the duties of the position, free from biases or preference due to personal or family relationships and which prevents nepotism and potential conflict of interests. For this reason, you are required to disclose any relationship, experience, or background information which may affect, or appear to affect, the fair and impartial selection of an applicant or the ability of the selected applicant to perform the duties of Campground Host. Making a disclosure does not necessarily mean the applicant has a conflict which may prevent being selected, but these relationships must be considered in determining which site may be the best location for the applicant, which supervisor the applicant will report to, or otherwise the best overall interests of the Department.

In the spaces below or on additional pages, applicants must disclose relationships or circumstances that might affect their ability to serve impartially or might create an appearance of a conflict. When making disclosures, participants should consider all aspects of their professional, political, social, family and personal lives and disclose all ties between the applicant or the applicant's family members and the IDNR. Include details as to the type of relationship, length of that relationship, and, if not a current relationship, how long ago that relationship took place.

Family Relationship: Are you or a family member related to **any** current employee of the IDNR? Family members include a spouse, parent, grandparent, child (natural, adopted, and step), grandchild, parent-in-law, brother, sister, brother-in-law, sister-in-law, niece, nephew, aunt, uncle, first cousin and/or individual residing within the same household. Describe or state "None."

_____

_____

_____

Professional / Work Relationship: Have you or a family member ever worked with **any** current employee of the IDNR? Have you or a family member ever worked for a business that performed work or services for the IDNR? Describe or state "None."

_____

_____

_____

Personal / Social Relationship: Are you or a family member in a relationship of a personal nature with **any** current employee of the IDNR? This includes relationships on social media such as being friends on Facebook or following a person on Instagram. Describe or state "None."

_____

_____

_____

By signing below, I certify I have read and understand the contents of and requirements of this disclosure form, and that the information provided by me is complete, true and accurate to the best of my knowledge. I understand that failure to make a required disclosure may result in the position being reposted, grounds for ineligibility for selection as a Campground Host, or termination of the position.

_____ _____

Campground Host Applicant – Signature Date

Site Superintendent - Disclosure

By signing below, I certify that I have reviewed the applicant's disclosure above and to the best of my knowledge (mark applicable box):

☐ I have no relationships or potential conflict of interest with this applicant.

☐ I have a present or past relationship, or potential conflict of interest, with this applicant as noted below:

In addition, I certify that no hiring recommendations were based on political reasons or factors.

_____ _____

Site Superintendent – Signature Date

JB Pritzker, Governor • Renee Snow, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

WAIVER AND RELEASE OF LIABILITY

The undersigned agrees to perform volunteer work as a CAMPGROUND HOST for the Illinois Department of Natural Resources, and does hereby waive, all manner of action or actions, causes of action, damage, claims or demands, holding the State of Illinois, the Department, their agents or employees harmless for any and all claims, demands and liabilities on account of any injuries, losses, or damage to his/her property which might be caused, or may at any time arise, by reason of his/her orientation, training, duties or temporary assignment for any purpose whether or not under the supervision of agents or employees of the Department.

This **WAIVER AND RELEASE OF LIABILITY** is freely given with full knowledge and intention to absolve completely, absolutely and finally, the State of Illinois, the Department and its agents and employees from any claim of loss, injury or liability resulting or arising from work as a Campground Host.

I certify that I am _____ years of age, having read and understand all of the above, do hereby understand the risk involved, and agree that this waiver and release shall be binding upon my heirs, executors, administrators, and assignors, and by affixing my signature below, agree to all preceding provisions.

This agreement shall be in effect from this day forth, until revoked in writing or until the volunteer status is rescinded.

_____ _____

Signature Date

_____ _____

IDNR Site Superintendent Signature Date

State of Illinois
Illinois Department of
Natural Resources

Licensed/Non-Licensed Vehicle Authorization - Volunteers

Illinois Department of Natural Resources

IDNR Volunteer _____ is hereby authorized to utilize a State-owned or personally-
(Name)

licensed motorized vehicle in the performance of his/her volunteer responsibilities at _____

_____
(Name of Facility, Site or District)

for the period of time of volunteer services from _____/_____/_____ until _____/_____/_____.
(Beginning Date) (Ending Date or **Calendar Year End**)

☐ State Vehicle ☐ Personal Vehicle ☐ State Golf Cart or ATV ☐ Personal Golf Cart or ATV

I certify that I possess a valid Illinois driver's license and that I maintain automobile insurance coverage on my personal vehicle in the amount of at least $25,000 for bodily injury to or death of one person in any one accident, $50,000 for bodily injury to or death of any to or more persons in any one accident and $20,000 for property damage.

This vehicle will be used in accordance with IDNR Policy and Procedures for official business use only.

_____ _____
Volunteer Driver's License Number Expiration

_____
Insurance Company Name (Personal – Licensed / Non-Licensed Vehicle)

_____ _____
Volunteer Signature Date

_____ _____
IDNR Site Superintendent Signature Date

_____ _____
IDNR Director Signature Date

Form must be completed annually

(Attach copies of Proof of Insurance card(s) and Driver's License)

Equal opportunity to participate in programs of the Illinois Department of Natural Resources (IDNR) and those funded by the U.S. Fish and Wildlife Service and other agencies is available to all individuals regardless of race, sex, national origin, disability, age, religion or other non-merit factors. If you believe you have been discriminated against, contact the funding sources civil rights office and/or the Equal Employment Opportunity Officer, IDNR, One Natural Resources Way, Springfield, IL 62702-1271; 217/785-0067; TTY 217/782-9175.

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State of Illinois
Department of Central Management Services

Self-Disclosure of Criminal History

Use of this form is only permitted once an applicant has been deemed eligible and is being considered for a specific position.

Per Administrative Order #1, 2013, and in accordance with State law, it is the policy of the State of Illinois to not base employment decisions on the criminal history of an applicant for state employment unless:

> Federal or state law prohibits hiring an individual with certain criminal convictions for the position that applicant is seeking; OR
>
> The applicant has been convicted of an infraction that is substantially related to the position sought or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public and denial of employment based on that criminal history is consistent with the State's duty to serve and protect its citizens.

An agency, board or commission may only consider current convictions and may not consider arrests. However, an agency, board or commission may consider information which indicates that the candidate actually engaged in the conduct for which he/she was arrested. Nevertheless, convictions which have been subsequently pardoned, expunged, or sealed, unless otherwise permitted by law, may not be considered.

Any voluntarily disclosed prior criminal history shall not be considered during the interview process and is only subject to consideration at a separate point in the hiring process. The review process shall only exclude a candidate relative to his/her criminal history if f there is:

1. A substantial relationship between one or more of the previous criminal offenses and the employment sought or held; or
2. the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

"Substantial relationship" means "consideration of whether the employment position offers the opportunity for the same or a similar offense to occur and whether the circumstances leading to the conduct for which the person was convicted will recur in the employment position.

The following factors shall be considered along with other known relevant information:

1. the length of time since the conviction record
2. the number of convictions that appear on the conviction record
3. the nature and severity of the conviction and its relationship to the safety and security of others
4. the facts or circumstances surrounding the conviction
5. the age of the employee at the time of the conviction
6. evidence of rehabilitative efforts

Providing this Self-Disclosure of Criminal History information may be required in accordance with the hiring agency, board or commission's policies and procedures regarding employment within that agency, board or commission. In these instances, failure to complete the self-disclosure or adequately disclose criminal history as described above on the Self-Disclosure of Criminal History information form may disqualify an applicant from further employment consideration.

State of Illinois
Department of Central Management Services

Self-Disclosure of Criminal History

Applicant Certification:

I have read and understand the contents of and conditions of use for information provided on this Self-Disclosure of Criminal History form. I certify that the information provided by me on this release is true and accurate to the best of my knowledge and understand that misrepresentation of this material may be grounds for ineligibility for or termination of employment.

Witness	Applicant Signature	Date

COMPLETE AND SIGN BOTH SIDES OF THIS FORM

State of Illinois
Department of Central Management Services

Self-Disclosure of Criminal History

Printed Name (include full name, maiden name, and include any other names by which you have been known)

Signature

Date

Address

Date of Birth

City

State

ZIP Code

Driver's License Number

State Issued

☐ Male ☒ Female

Clear Gender

☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Black
☐ White
☐ Other Specify

Clear Race

Have you ever been convicted of a criminal offense other than a minor traffic violation?

☐ Yes ☐ No

If your answer to the foregoing question is "yes," please provide a detailed statement for each said occurrence (use additional paper as necessary):

Completion of a separate Authorization for Release of Criminal History information form may be required for the purpose of conducting a background check through the Illinois State Police in accordance with the Uniform Conviction Information Act.

Where the hiring agency elects to require completion of the Self-Disclosure of Criminal History form, an agency, board or commission shall refuse to consider further any candidate who refuses to complete and sign the form.

To be completed by hiring agency:

Position Title

Position Number

Date of Interview

Agency Representative Signature

COMPLETE AND SIGN BOTH SIDES OF THIS FORM

State of Illinois
Department of Central Management Services

Authorization for Release of Criminal History Information

TO: Director, Illinois State Police

I, _____, do hereby authorize the Illinois State Police to release information relative to the existence or nonexistence of any conviction which it might have concerning me to any agency, board or commission of the State of Illinois solely to determine my suitability for employment or continued employment with the State of Illinois or service to the State of Illinois on behalf of a vendor to the State of Illinois. I further authorize any agency, board or commission which maintains records relating to me to provide same on request to the Illinois State Police for the purpose of this investigation.

I certify that the Illinois State Police, and its officers or employees/contractors/agents who furnish this information concerning me, and any agency, board or commission and its officers and employees which provide these records to the Illinois State Police, shall not be held accountable for giving this information. I do hereby release and hold harmless the Illinois State Police, its officers and employees/contractors/agents, and any other agency, board or commission and its officers and employees which provide records concerning me for the purpose of this investigation, from any and all liability which may be incurred as a result of releasing such information.

If criminal history background checks are conducted, unless otherwise specified under statute or administrative rule, the Illinois State Police statutory and administrative procedures for conducting Uniform Conviction Information Act (UCIA), [20 ILCS 2635/1, et seq.] checks shall be followed. The criminal history transcripts can be included as part of a nexus review. The applicant shall be provided a copy of his/her criminal background check. The applicant has the obligation and responsibility to notify the hiring agency and the Illinois State Police Bureau of Identification within seven (7) business days if the information is inaccurate or incomplete. The hiring agency shall notify the applicant should he/she be disqualified for a specific position applied for due to his/her past criminal convictions.

It is incumbent upon the applicant to ensure his/her criminal history information is accurate and up-to-date at all times. Errors in criminal history transcripts and/or delays in challenging or correcting record information shall not be construed as sufficient justification to delay the hiring process. A candidate who has provided notice that his criminal history information is incorrect may be by-passed by the hiring agency in favor of another candidate.

An agency, board or commission shall refuse to consider further any candidate who refuses to complete and sign the Authorization for Release of Criminal History Information form.

An electronic transmittal or photocopy of this release form will be valid as an original thereof, even though said document does not contain an original writing of my signature.

Applicant Certification:

I have read and understand the contents of and conditions of use for information provided on this Authorization for Release of Criminal History information form. I also understand that completion of this background check does not preclude the hiring agency from performing other background checks (such as drug-testing, prior employment, reference checks, etc.) in accordance with agency policy and/or as required for a particular position.

Witness	Applicant Signature	Date

COMPLETE AND SIGN BOTH SIDES OF THIS FORM

State of Illinois
Department of Central Management Services

Authorization for Release of Criminal History Information

Pursuant to Administrative Order #1 (2013) and in accordance with State law, it is the policy of the State of Illinois not to base employment decisions on the criminal history of an applicant for state employment unless: (1) federal or state law prohibits hiring an individual with certain criminal convictions for the position that an applicant is seeking; or (2) the applicant has been convicted of an infraction that is substantially related to the position sought or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public, and denial of employment based on that criminal history is consistent with the State's duty to serve and protect its citizens.

Printed Name (include full name, maiden name, and include any other names by which you have been known)

Signature

Date

Address

Date of Birth

City

State

ZIP Code

Driver's License Number

State Issued

☐ Male ☐ Female

Clear Gender

☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Black
☐ White
☐ Other Specify

Clear Race

INTERNAL INSTRUCTIONS FOR HIRING AGENCY

This form must be accompanied by either the UCIA Name Inquiry form (Form ISP 6-405B) or the UCIA Fingerprint Inquiry form (Form ISP 6-404B) and is to be completed by the hiring agency. These ISP forms provide Principal Requester Contact Information and Category of Inquiries Information. These forms may only be ordered from the ISP home page (http://www.isp.state.il.us) and selecting the Criminal History link on the left side under Agency Links or by calling ISP Bureau of Identification at 815-740-5160 between 8 a.m. and 4 p.m. Monday through Friday. The name check process can be performed electronically and details are provided at: http://www.isp.state.il.us/crimhistory/chri.cfm. The UCIA fingerprint form can be ordered and then taken to a local law enforcement agency for fingerprinting or the individual applicant may contact one of ISP's licensed live scan fingerprint vendors listed at: https://idfprapps.illinois.gov/LicenseLookUp/fingerprintlist.asp. Each form may only be used once and cannot be copied or duplicated as each form contains a unique Transaction Control Number used for internal ISP tracking purposes.

The Illinois Uniform Conviction Information Act, 20 ILCS 2635/13, provides that results pursuant to this criminal background check should only be relied upon for 30 days. As such, this background check is not limited to a specific position and may be secondarily disseminated for a period of 30 days and is not limited to a single reason for inquiry. Each executed Authorization for Release of Criminal History Information must be maintained on file for at least 2 years pursuant to 20 ILCS 2635/7.

Upon receipt of the criminal history record information, the hiring agency, board or commission shall provide a copy to the candidate and notify him/her that he/she has the obligation and responsibility to notify the hiring agency within seven (7) days if the information is inaccurate or incomplete.

Any questions related to the UCIA program may be directed to the ISP Bureau of Identification at 815-740-5160.

COMPLETE AND SIGN BOTH SIDES OF THIS FORM

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

- **a** **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . **1a** $
- **b** **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . **1b** $
- **c** **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

- **a** Enter $6,000 if you are age 65 or older before the end of the year . . . . . **3a** $
- **b** Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** $

4 Add lines 3a and 3b. Enter the result here . . . . . **4** $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

- **a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $
- **b** **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $
- **c** **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** $
- **d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . **6d** $
- **e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** $

8 **Limitation on itemized deductions.**

- **a** Enter your total income . . . . . **8a** $
- **b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . **9** $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . **11** $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . **12** $

13 Add lines 11 and 12. Enter the result here . . . . . **13** $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

Illinois Department of Revenue

Form IL-W-4

Employee's and other Payee's Illinois Withholding Allowance Certificate and Instructions

Note: These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income tax from other (non-wage) Illinois income.

Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of a Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employee's Statement of Nonresidence in Illinois, to determine if you are exempt.

If you are an Illinois resident who works for an employer in a non-reciprocal state but you work from home or in locations in Illinois for more than 30 working days, you may need to adjust your withholding or begin making estimated payments. For additional information, go to **tax.illinois.gov.**

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (*e.g.,* your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

Note: For tax years beginning on or after January 1, 2017, the personal exemption allowance, and additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind, may **not** be claimed on your Form IL-1040 if your adjusted gross income for the taxable year exceeds $500,000 for returns with a federal filing status of married filing jointly, or $250,000 for all other returns. You may complete a new Form IL-W-4 to update your exemption amounts and increase your Illinois withholding.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than $1,000 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at **tax.illinois.gov** to obtain a copy.

Where do I get help?

- Visit our website at **tax.illinois.gov**
- Call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**
- Call our TDD (telecommunications device for the deaf) at **1 800 544-5304**
- Write to
  ILLINOIS DEPARTMENT OF REVENUE
  PO BOX 19044
  SPRINGFIELD IL 62794-9044

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

☐ No one else can claim me as a dependent.

☐ I can claim my spouse as a dependent.

1 Enter the total number of boxes you checked. **1** _____

2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. **2** _____

3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. **3** _____

4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. **4** _____

Step 2: Figure your additional allowances

Check all that apply:

☐ I am 65 or older. ☐ I am legally blind.

☐ My spouse is 65 or older. ☐ My spouse is legally blind.

5 Enter the total number of boxes you checked. **5** _____

6 Enter any amount that you reported on Line 4 of the Deductions Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. **6** _____

7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. **7** _____

8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. **8** _____

9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. **9** _____

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

✂ — — — — — — — — Cut here and give the certificate to your employer. Keep the top portion for your records. — — — — — — — — ✂

Illinois Department of Revenue

IL-W-4 Employee's Illinois Withholding Allowance Certificate

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Social Security number

Name

Street address

City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate. ☐

1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). **1** _____

2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). **2** _____

3 Enter the additional amount you want withheld (deducted) from each pay. **3** _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature Date

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

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IL-W-4 (R-7/23)

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

JB Pritzker, Governor • Renee Snow, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

DIRECT DEPOSIT OF PAYCHECK

Public Act 97-0348 requires all State payment for a State employee's payroll **must be made through direct deposit.** There is an exemption from this direct deposit mandate for State employees covered by provisions in collective bargaining agreements that do not require direct deposit of paychecks. There is also a hardship petition available for down load on the Comptroller's website. **The Office of the Comptroller requires that $2.50 per check be deducted for those not participating in Direct Deposit.**

When completing the Authorization for Deposit of Recurring Payments form, please ensure that the routing and account numbers are accurate. Any errors on this form will cause the paycheck to be returned to the Office of the Comptroller.

Once an employee submits the **Authorization for Deposit of Recurring Payments** form to Payroll, it will take **one full pay period** to process the direct deposits. Therefore, **an employee's first payroll check will be a paper check mailed from DNR Headquarters.** These checks are generally received and mailed 2 days before the regularly scheduled pay date. Comptroller's regulations require us to allow ***30 business days*** to deliver before we can initiate a stop payment, so please allow sufficient time before contacting Payroll.

If you move, you must provide a **C26 Address Verification** form to payroll as soon as you know your new address. We are not allowed to make address changes via email or phone. Again if you receive a paper check and it is mailed to an incorrect address, we are required to wait ***30 business days*** before initiating a stop payment.

If you change banks or accounts, you must provide an updated Authorization for Deposit of Recurring Payments form to the Payroll Office. Generally, the Office of the Comptroller will require the issuance of a paper check for the first payroll check issued after this change.

(2/2021)

STATE OF ILLINOIS

IMPORTANT NOTICE: This form is to be used only for State of Illinois Recurring Payments.

If you wish your payments sent to your financial institution for deposit into your savings or checking account, you must complete this form to authorize this action. Some agencies may require your financial institution to verify routing and account information. The State Comptroller will forward your recurring payments to the destination you authorize. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal-or state-chartered credit union that is a member of the Automated Clearing House Access Program. If you do not have an account at such a facility, you must contact a qualifying financial institution and establish an account prior to enrolling for direct deposit.

INSTRUCTIONS

Please type or print in ink all information requested.

1. Type or print the payee's Social Security Number. Do not include dashes.
2. Type or print the name of the person to whom the payment is made. This is the Payee Name except where a representative payee has been appointed or a guardian or conservator has been appointed by a Court.
3. Type or print the Name of Program Agency.
4. Type/Print Payee Name in the space provided, sign where indicated (Signature of Payee) and print Date.
5. Type or print the Work Area Code and Telephone Number of the payee or a number where the payee can be reached during the day.
6. Type or print the Name of Financial Institution in which the payee's account resides.
7. Type or print the Financial Institution Area Code and Telephone Number.
8. Type or print the financial institution Branch Address, City, State, Zip Code where the payee's account resides.
9. Type or print the 9-digit Financial Institution Routing Number that appears at the bottom of the payee's printed checks. (The program agency may require the payee to have this information verified by the financial institution prior to submitting the authorization form.)
10. Type or print the Payee Account Number that also appears at the bottom of the payee's printed checks. The number of digits varies among institutions.
11. You must select one account type to receive recurring payments **(Checking or Savings)**. Payee must indicate which one of his accounts (Savings or Checking) should receive the recurring direct deposits.
12. Attach a voided check before submitting this completed form to your agency's payroll clerk. Do not substitute a deposit slip for the voided check. Financial institutions may alter numbers that appear on deposit slips for internal purposes.

CANCELLATION INSTRUCTIONS

When entered in the payee's record with the program agency, this authorization will remain in effect until canceled by notice to the program agency by the payee or in the event of death of the payee or the beneficiary of this payment. The financial institution should also be notified if the payee cancels this agreement. The financial institution may cancel their agreement by providing the payee with a written notice 30 days in advance of the cancellation date. The payee must advise the program agency immediately if this authorization is cancelled. The financial institution cannot cancel this authorization by advice to the program agency.

Privacy Act Notice:

You previously provided your Taxpayer Identification Number (TIN), i.e. your social security number or your employer identification number, to the State of Illinois upon becoming a State of Illinois payee. Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons, such as the State of Illinois Office of the Comptroller, who must file documents with the Internal Revenue Service to report income paid to you, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. The Illinois Office of the Comptroller, as administrator of the direct deposit program, requests verification of your TIN on the Authorization for Deposit of Recurring Payments. Your TIN verification enables proper payee identification and corresponding direction of payments as specified on your completed Authorization for Deposit of Recurring Payments. While not mandatory, failure to provide your TIN on the Authorization precludes your participation in the direct deposit program.

STATE OF ILLINOIS
COMPTROLLER
SUSANA A. MENDOZA

STATE OF ILLINOIS

Authorization for Deposit of Recurring Payments

To apply for direct deposit of State of Illinois payroll payments, complete this form, sign and return it to your agency's Payroll Department along with a voided check.

___/___/___/___/___/___/___/___/___

Social Security Number (Taxpayer Identification Number)

(Please type or print in ink)

Payee's Name

Name of Program Agency

Payee Mailing Address *(Apt/P.O. Box)* *City* *State* *Zip Code*

I, _____, certify the information provided on this form is correct. I authorize and
Type/Print Payee Name
request the program agency to direct my recurring payments for crediting in my account at the financial institution designated below and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. If a direct deposit cannot be made, I understand that the program agency shall provide payment to me by paper warrant. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me.

Signature of Payee *Date* *Work Area Code and Telephone Number*

------ *Financial Institution Information* ------

NOTE: It is recommended that you contact your financial institution to verify your correct transit routing and account numbers. Any errors in these numbers will cause direct deposits to be returned and replaced with paper warrants through the program agency.

Name of Financial Institution

(___/___) ___/___/- ___/___/___/___

Financial Institution Area Code and Telephone Number

Branch Address, City, State, Zip Code

___/___/___/___/___/___/___/___/___

Financial Institution Routing Number

___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___

Payee Account Number

You must select **one** of the following options: ☐ Direct deposit to my **CHECKING** account.
☐ Direct deposit to my **SAVINGS** account.

Official Use Only

_____ ___/___/___/___/___/___/___/___/___ - ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___

Agency Number *Verification of Routing Number* *Verification of Payee Account Number*

C-95A 12/16/2016

SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

Employee Address Certification

Agency Number	☐ New Employee ☐ Address Change ☐ Name Change Former Name _____		
Social Security Number - -	**Date of Birth** / /	**Voting County**	
Last Name	**First Name**	**Middle Initial**	
Voting Address	**City**	**State**	**Zip Code**
Mailing Address (if different than above)	**City**	**State**	**Zip Code**
Foreign State Providence	**Foreign Postal Code**	**Country Code**	

By signing below, I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge.

Employee Signature _____ **Date** / /

Please submit a copy of this completed form to the **State of Illinois Comptroller-Payroll Unit, 325 West Adams Street, Springfield, IL 62704**

JB Pritzker, Governor • Renee Snow, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

FACILITY/PARK:_____

LAST NAME:_____

FIRST NAME:_____ MIDDLE INITIAL:____

The state of Illinois, Department of Natural Resources is an Equal Opportunity Employer. To assist in the guarantee that this goal is accomplished, we need the following information from you. Circle the one set of letters below which is appropriate.

Female	Male	
FA	MA	AMERICAN INDIAN OR ALASKAN NATIVE: A person having orgins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community.
FB	MB	BLACK: Not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
FO	MO	ASIAN OR PACIFIC ISLANDER: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island.
FS	MS	SPANISH OR HISPANIC: A person of Mexican, Puerto Rican, Cuban, central or South American or other Spanish Culture or origin, regardless of race.
FW	MW	WHITE: Non-Hispanic Origin. A person having origins in any of the original people of Europe, North Africa, Or the Middle East.
FX	MX	OTHER