



Illinois Department of Revenue
Schedule 80/20 **Related-Party Expenses**



Year ending _____

Month _____ Year _____

Attach to your Form IL-1120, IL-1120-ST, IL-1065, or IL-1041. For tax years ending on or after December 31, 2013.

IL Attachment No. 14

Write your name as shown on your Illinois tax return.

Write your federal employer identification number (FEIN).

Step 1: Identify your affiliated companies

	A	B	C	D - Totals
1 Write the name of each affiliated company.	1 _____	1 _____	1 _____	
2 Write the FEIN for each affiliated company.	2 _____	2 _____	2 _____	

Step 2: Figure your addition modifications (Note: All taxpayers may complete this section.)

3a Amount of interest paid to each affiliated company.	3a _____	3a _____	3a _____	
b Interest exempt from the amount on Line 3a.	3b _____	3b _____	3b _____	
c Subtract Line 3b from 3a.	3c _____	3c _____	3c _____	
4 Amount of dividends received from each affiliated company.	4 _____	4 _____	4 _____	
5 Subtract Line 4 from Line 3c. If negative, write "0" here and the result as a positive amount on Line 7	5 _____	5 _____	5 _____	5 _____
6a Intangible expenses paid to each affiliated company.	6a _____	6a _____	6a _____	
b Intangible expenses amount on Line 6a exempt from addback.	6b _____	6b _____	6b _____	
Check the boxes on Line 6c to identify the reasons the amount on Line 6b is exempt from addback. You may check multiple boxes. See instructions.				
c Foreign company or state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No principal purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Addback unreasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alternative apportionment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d Subtract Line 6b from 6a.	6d _____	6d _____	6d _____	
7 Any excess of dividends received from each affiliated company on Line 4 over the interest expense addition on Line 3c.	7 _____	7 _____	7 _____	
8 Subtract Line 7 from Line 6d. If negative, write "0" here and write the result as positive amount on Line 10.	8 _____	8 _____	8 _____	8 _____
9 Insurance premiums paid to each affiliated company.	9 _____	9 _____	9 _____	
10 Any excess of dividends received from each affiliated company on Line 7 over the intangible expense addition on Line 6d.	10 _____	10 _____	10 _____	
11 Subtract Line 10 from Line 9. If negative, write "0."	11 _____	11 _____	11 _____	11 _____
12 Insurance companies: Insurance proceeds received from you that were claimed as a subtraction by any of your policy holders on Sch. 80/20, Line 18. See instr.	12 _____	12 _____	12 _____	12 _____
13 Total addition modifications. Add Lines 5, 8, 11 and 12. See instructions.	13 _____	13 _____	13 _____	13 _____

Write the FEIN for each affiliated company from Step 1.

	A	B	C	D - Totals
	_____ - _____	_____ - _____	_____ - _____	

Step 3: Figure your subtraction modifications

Note → All taxpayers may complete this section if an addition modification was figured in Step 2.

<p>14 Write the amount of interest received from each affiliated company.</p>	14				
<p>15 Write the lesser of Line 5 or Line 14.</p>	15				15
<p>16 Write the amount of intangible income received from each affiliated company.</p>	16				
<p>17 Write the lesser of Line 8 or Line 16.</p>	17				17
<p>18 Subtraction for losses insured by an affiliated insurance company. See instructions.</p>					18
<p>19 Write the name and FEIN of the affiliated insurance company from Line 18.</p>		<p>Name _____</p> <p>FEIN _____ - _____</p>			

Note → Only affiliated companies may complete Lines 20 through 29. All taxpayers complete Line 30.

<p>20 Write the name and FEIN of the U.S. company that paid you interest or intangible expenses.</p>		<p>Name _____</p> <p>FEIN _____ - _____</p>			
<p>21 Write the amount of interest received from the U.S. company.</p>	21				
<p>22 Write the amount of interest paid to you from the U.S. company's Schedule 80/20, Line 5.</p>	22				
<p>23 Write the lesser of Line 21 or Line 22.</p>					23
<p>24 Write the intangible income received from the U.S. company.</p>	24				
<p>25 Write the amount of intangible expenses paid to you from the U.S. company's Schedule 80/20, Line 8.</p>	25				
<p>26 Write the lesser of Line 24 or Line 25.</p>					26
<p>27 Write the amount of insurance premiums received from the U.S. company.</p>	27				
<p>28 Write the amount of insurance premiums paid to you from the U.S. company's Schedule 80/20, Line 11.</p>	28				
<p>29 Write the lesser of Line 27 or Line 28.</p>					29

All taxpayers complete Line 30.

<p>30 Total subtraction modifications. Add Column D, Lines 15, 17, 18, 23, 26 and 29. Write the amount here and see instructions.</p>					30
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