

## Illinois Department of Revenue Related-Party 2017 Schedule 80/20 Expenses Attach to your Form IL-1120, IL-1120-ST, IL-1065, or IL-1041. For tax years ending on or after December 31, 2017. Illinois Department of Revenue



Year ending

Month Year

IL Attachment No. 14

Enter your name as shown on your Illinois tax return.

Enter your federal employer identification number (FEIN).

					-							
St	ep 1: Identify your a	affil	iated companies									
4	Find a with a marker of a call		Α		В	С		D - Totals				
1	Enter the name of each affiliated company.	1.		$\Diamond$		<b>\$</b>	$\Diamond$					
2	Enter the FEIN for each											
_	1 ,		·	.< ·	·		<b></b> ⇔					
2a	Check if this is a newly added affiliated company. See instruc											
	Step 2: Figure your addition modifications = Note - All taxpayers may complete this section.											
		ddit	ion modifications	<u>=Note→</u>	All taxpayers m	ay complete this sect	ion.	If you have more				
За	Amount of interest paid to each affiliated company.	20		$\Diamond$		.♦	$\Diamond$	affiliated companies				
h	Interest exempt from							to report than space provided, complete				
	the amount on Line 2a	3b .		<b>\rightarrow</b>		<b></b>		and attach additional				
С	Subtract Line 3b from 3a.	3c						Schedules 80/20. Report the totals in				
4	Amount of dividends							column D of the last				
	received from each	_		^		^	^	additional Schedule				
_	affiliated company.			· —		<b>\langle</b>	<b>-</b> ◇	only.				
5	Subtract Line 4 from Line 3c If negative, enter "0" here											
	and the result as a positive											
	amount on Line 7.	5					5					
6a	Intangible expenses paid to			^		^	$\Diamond$					
h	each affiliated company.  Intangible expenses amount or			~ —			_~					
D	Line 6a exempt from addback.	6b		$\Diamond$		$\Diamond$	$\Diamond$					
Che	eck the boxes on Line 6c to id	entify	the reasons the amount	on Line 6b	is exempt from add	dback. You may check multi	ple bo	xes. See instructions.				
С	Foreign company or state											
	No principal purpose											
	Addback unreasonable		님		님	님						
	Alternative apportionment		Ш		Ш	Ц						
_		6d										
7	Any excess of dividends received from each affiliated											
	company on Line 4 over the											
	interest expense addition on	_										
8	Line 3c. Subtract Line 7 from Line 6d.	7										
0	If negative, enter "0"	8					8					
9	Total addition modications											
	Add Lines 5 and 8.	9					9					
St	ep 3: Figure your si	ubt	action modificati	ons for	affiliated cor	mpanies						
	<u>lote</u> → All taxpayers may c					•						
		р	oto otopo o unu i m uni			ga. oa otop <u>-</u> .						
10	Enter the amount of interest received from each affiliated											
	company.	10		$\Diamond$		<b>\langle</b>	$\Diamond$					
11	Enter the lesser of	,										
	Line 5 or Line 10.	11					_ 11					
12	Enter the amount of											
	intangible income received from each											
	affiliated company.	12 .		<		<b></b>						
13	Enter the lesser of	4.0										
11	Line 8 or Line 12. Add Column D, Line 11 and	13	umn D. Lino 19				13					
14	Enter the total here and o						14					



Ent	er your name as shown on your Illinois tax retu	rederal employer identification number (FEIN	employer identification number (FEIN).			
		u attach multiple copies of Schedule 80/20 to your re o do so may result in a delay in the processing of you		it		
St	ep 4: Figure your total subtra	action modification				
15	Enter the amount from Line 14.	15	15			
<u>=</u> N	<u>ote→</u> If you are not an affiliated compa	ny, skip Lines 16 through 22 and complete Line 23.				
	If you are an affiliated company, o	complete Lines 16 through 22 and Line 23.				
16	Enter the name and FEIN of the	Name				
	U.S. company that paid you interest or intangible expenses.	FEIN				
17	Enter the amount of interest received from	m the U.S. company.	17	_<		
18	Enter the amount of interest paid to you	18	_<			
19	Enter the lesser of Line 17 or Line 18.	19	_			
20	Enter the intangible income received from	20	_<			
21	Enter the amount of intangible expenses	Line 8. <b>21</b>	_<			
22	Enter the lesser of Line 20 or Line 21.		22	_		
ΑI	I taxpayers complete Line 23.					
	Total subtraction modifications.					
	Add Lines 15, 19, and 22. Enter the amount here and see instruction	ons.	23	_		

