

Illinois Department of Revenue 2019 Schedule 80/20 **Related-Party Expenses**



Year ending

Month Year

IL Attachment No. 14

<i>,</i> ,
Attach to your Form IL-1120, IL-1120-ST, IL-1065, or IL-104
For tax years ending on or after December 31, 2019.

Enter your name as shown on your Illinois tax return.						Enter you	Enter your federal employer identification number (FEIN).		
St	ep 1: Identify your	affiliated	companies A		В		С		D - Totals
1	Enter the name of each affiliated company.	1		♦		◇			
2	Enter the FEIN for each affiliated company.	2		\diamond	•	◇		\diamond	
2a	Check if this is a newly adde affiliated company. See instru	d							
St	ep 2: Figure your a	ddition n	nodifications	■ <u>=</u> Note →	All taxpaye	ers may con	nplete this see	ction.	If you have more
3a	Amount of interest paid to each affiliated company.								affiliated companies to report than space provided, complete
	Interest exempt from the amount on Line 3a.	3b		◇		◇			and attach additional Schedules 80/20.
4 4	Subtract Line 3b from 3a. Amount of dividends received from each	3c							Report the totals in column D of the last additional Schedule
5	affiliated company. Subtract Line 4 from Line 30 If negative, enter zero here and the result as a positive	c.							only.
6a	amount on Line 7. Intangible expenses paid to	<u>^</u>							
	each affiliated company.	6a		◇		◇			
D	Intangible expenses amount of Line 6a exempt from addback.	on . 6b		◇		◇		◇	
Ch	eck the boxes on Line 6c to ic	dentify the rea	asons the amount	on Line 6k	is exempt fro	m addback. Yo	ou may <u>ch</u> eck mu	Itiple box	es. See instructions
С	Foreign company or state No principal purpose Addback unreasonable Alternative apportionment								
d 7	Subtract Line 6b from 6a. Any excess of dividends received from each affiliated company on Line 4 over the interest expense addition on Line 3c.	1 - 1							
8	Subtract Line 7 from Line 60	d.							
9	If negative, enter zero Total addition modifications	8						8 .	
3	Add Lines 5 and 8.	9						9	
St	ep 3: Figure your s	ubtractio	on modificati	ons foi	r affiliated	compani	es		

 $\overline{zNote} \rightarrow All$ taxpayers may complete Steps 3 and 4 if an addition modification was figured in Step 2

14 Add Column D, Line 11 and Column D, Line 13. Enter the total here and on Page 2, Line 15.				All taxpayers continue to Page 2	14	
Li	nter the lesser of ne 8 or Line 12.	13			13	
re	tangible income eceived from each filiated company.	12			⇔	
	ne 5 or Line 10. nter the amount of	11			11	
11 Er	nter the lesser of		`	`	•	
re	nter the amount of interest aceived from each affiliated pmpany.	10	\diamond	\diamond	\diamond	

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.





Enter your name as shown on your Illinois tax return.

Enter your federal employer identification number (FEIN).

Read this information first - If you attach multiple copies of Schedule 80/20 to your return, complete this page once and attach it as the last page of Schedule 80/20. Failure to do so may result in a delay in the processing of your return.

Step 4: Figure your total subtraction modification 15 Enter the amount from Line 14. 15 _____ **<u>ENote</u>** If you are not an affiliated company, skip Lines 16 through 22 and complete Line 23. If you are an affiliated company, 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 ______ **17** Enter the amount of interest received from the U.S. company. 18 ______ 18 Enter the amount of interest paid to you from the U.S. company's Schedule 80/20, Line 5. 19 Enter the lesser of Line 17 or Line 18. 19 20 _____ \diamond **20** Enter the intangible income received from the U.S. company. 21 ______ 21 Enter the amount of intangible expenses paid to you from the U.S. company's Schedule 80/20, Line 8. 22 Enter the lesser of Line 20 or Line 21. 22 All taxpayers complete Line 23. 23 Total subtraction modifications. Add Lines 15, 19, and 22. Enter the amount here and see instructions. 23