



2014 Schedule 80/20 Expenses

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, 2014.

IL Attachment No. 14

Enter your name as shown on your Illinois tax return.

Enter your federal employer identification number (FEIN).

Step 1: Identify your affiliated companies

	A	B	C	D - Totals
1 Enter the name of each affiliated company.	1 _____	_____	_____	
2 Enter the FEIN for each affiliated company.	2 _____	_____	_____	
2a Check if this is a newly added affiliated company. See instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

If you have more affiliated companies to report than space provided, complete and attach additional Schedules 80/20. Report the totals in column D of the last additional Schedule only.

3a Amount of interest paid to each affiliated company.	3a _____	_____	_____		
b Interest exempt from the amount on Line 3a.	3b _____	_____	_____		
c Subtract Line 3b from 3a.	3c _____	_____	_____		
4 Amount of dividends received from each affiliated company.	4 _____	_____	_____		
5 Subtract Line 4 from Line 3c. If negative, enter "0" here and the result as a positive amount on Line 7.	5 _____	_____	_____		
6a Intangible expenses paid to each affiliated company.	6a _____	_____	_____		
b Intangible expenses amount on Line 6a exempt from addback.	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 No principal purpose Addback unreasonable Alternative apportionment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
d Subtract Line 6b from 6a.	6d _____	_____	_____		
7 Any excess of dividends received from each affiliated company on Line 4 over the interest expense addition on Line 3c.	7 _____	_____	_____		
8 Subtract Line 7 from Line 6d. If negative, enter "0" here and enter the result as positive amount on Line 10.	8 _____	_____	_____		
9 Insurance premiums paid to each affiliated company.	9 _____	_____	_____		
10 Any excess of dividends received from each affiliated company on Line 7 over the intangible expense addition on Line 6d.	10 _____	_____	_____		
11 Subtract Line 10 from Line 9. If negative, enter "0."	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 _____	_____	_____		
13 Total addition modifications. Add Lines 5, 8, 11 and 12. See instructions.	13 _____	_____	_____		

Enter your name as shown on your Illinois tax return.

Enter your federal employer identification number (FEIN).

	A	B	C	D - Totals
Enter the FEIN for each affiliated company from Step 1.	_____ - _____	_____ - _____	_____ - _____	

Step 3: Figure your subtraction modifications for affiliated companies

Note → All taxpayers may complete Steps 3 and 4 if an addition modification was figured in Step 2.

If you have more affiliated companies to report than space provided, complete and attach additional Schedules 80/20. Report the totals in column D of the last additional Schedule only.

14 Enter the amount of interest received from each affiliated company.	14 _____ ◊	_____ ◊	_____ ◊	
15 Enter the lesser of Line 5 or Line 14.	15 _____	_____	_____	15 _____
16 Enter the amount of intangible income received from each affiliated company.	16 _____ ◊	_____ ◊	_____ ◊	
17 Enter the lesser of Line 8 or Line 16.	17 _____	_____	_____	17 _____
18 Add Column D, Line 15 and Column D, Line 17. Enter the total here and on Page 3, Line 19.				18 _____

All taxpayers:
Continue to Page 3 →



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

- 19** Enter the amount from Line 18. **19** _____
- 20** Subtraction for losses insured by an affiliated insurance company. See instructions. **20** _____ ◇
- 21** Enter the name and FEIN of the affiliated insurance company from Line 20.

Name _____	
FEIN _____ - _____	

Note → If you are not an affiliated company, skip Lines 22 through 31 and complete Line 32.

If you are an affiliated company, complete Lines 22 through 31 and Line 32.

- 22** Enter the name and FEIN of the U.S. company that paid you interest or intangible expenses.

Name _____	
FEIN _____ - _____	
- 23** Enter the amount of interest received from the U.S. company. **23** _____ ◇
- 24** Enter the amount of interest paid to you from the U.S. company's Schedule 80/20, Line 5. **24** _____ ◇
- 25** Enter the lesser of Line 23 or Line 24. **25** _____
- 26** Enter the intangible income received from the U.S. company. **26** _____ ◇
- 27** Enter the amount of intangible expenses paid to you from the U.S. company's Schedule 80/20, Line 8. **27** _____ ◇
- 28** Enter the lesser of Line 26 or Line 27. **28** _____
- 29** Enter the amount of insurance premiums received from the U.S. company. **29** _____ ◇
- 30** Enter the amount of insurance premiums paid to you from the U.S. company's Schedule 80/20, Line 11. **30** _____ ◇
- 31** Enter the lesser of Line 29 or Line 30. **31** _____

All taxpayers complete Line 32.

- 32 Total subtraction modifications.** Add Lines 19, 20, 25, 28, and 31. Enter the amount here and see instructions. **32** _____

