



**Illinois Department of Revenue**  
**2016 Schedule 80/20 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, 2016.

**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
<b>1</b> Enter the name of each affiliated company.	1 _____ ◇	_____ ◇	_____ ◇	
<b>2</b> Enter the FEIN for each affiliated company.	2 _____ ◇	_____ ◇	_____ ◇	
<b>2a</b> 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.

<b>3a</b> Amount of interest paid to each affiliated company.	3a _____ ◇	_____ ◇	_____ ◇	
<b>b</b> Interest exempt from the amount on Line 3a.	3b _____ ◇	_____ ◇	_____ ◇	
<b>c</b> Subtract Line 3b from 3a.	3c _____	_____	_____	
<b>4</b> Amount of dividends received from each affiliated company.	4 _____ ◇	_____ ◇	_____ ◇	
<b>5</b> Subtract Line 4 from Line 3c. If negative, enter "0" here and the result as a positive amount on Line 7.	5 _____	_____	_____	<b>5</b> _____
<b>6a</b> Intangible expenses paid to each affiliated company.	6a _____ ◇	_____ ◇	_____ ◇	
<b>b</b> Intangible expenses amount on Line 6a exempt from addback.	6b _____ ◇	_____ ◇	_____ ◇	
<b>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.</b>				
<b>c</b> 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"/>	
<b>d</b> Subtract Line 6b from 6a.	6d _____	_____	_____	
<b>7</b> Any excess of dividends received from each affiliated company on Line 4 over the interest expense addition on Line 3c.	7 _____	_____	_____	
<b>8</b> Subtract Line 7 from Line 6d. If negative, enter "0" here and enter the result as positive amount on Line 10.	8 _____	_____	_____	<b>8</b> _____
<b>9</b> Insurance premiums paid to each affiliated company.	9 _____ ◇	_____ ◇	_____ ◇	
<b>10</b> Any excess of dividends received from each affiliated company on Line 7 over the intangible expense addition on Line 6d.	10 _____	_____	_____	
<b>11</b> Subtract Line 10 from Line 9. If negative, enter "0."	11 _____	_____	_____	<b>11</b> _____
<b>12 Insurance companies:</b> 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 _____ ◇	_____ ◇	_____ ◇	<b>12</b> _____
<b>13 Total addition modifications.</b> Add Lines 5, 8, 11 and 12. See instructions.	13 _____	_____	_____	<b>13</b> _____

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.

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

**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** \_\_\_\_\_

