



Illinois Department of Revenue  
**Subgroup Schedule**

Attach to your Schedule UB.

Year ending

Month Year

IL Attachment No.

Enter your name as shown on the tax return of the member filing the Schedule UB.

Enter your federal employer identification number.

**Step 1 Identify the type of subgroup**

**Check the box**

- Insurance company subgroup
- Financial organization subgroup
- Regulated exchange subgroup
- Transportation company subgroup

**Step 2 Determine your subgroup apportionment factor**

	A	B	C	D
	FEIN	FEIN	FEIN	Total
1 Enter the sales everywhere.	◇ _____ .00	◇ _____ .00	◇ _____ .00	1 _____ .00
2 Section 304 Numerator	◇ _____ .00	◇ _____ .00	◇ _____ .00	
3 Section 304 Denominator	◇ _____ .00	◇ _____ .00	◇ _____ .00	3 _____ .00
4 Divide Line 2 of each Column by Line 3, Column D (round to the sixth decimal place)	_____	_____	_____	
5 Illinois Sales	◇ _____ .00	◇ _____ .00	◇ _____ .00	

