



**Illinois Department of Revenue**  
**2018 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, 2018.

**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.

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 _____	_____	_____	5 _____
6a Intangible expenses paid to each affiliated company.	6a _____	_____	_____	
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>				
c 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"/>	
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"	8 _____	_____	_____	8 _____
9 Total addition modifications Add Lines 5 and 8.	9 _____	_____	_____	9 _____

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.

**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.

10 Enter the amount of interest received from each affiliated company.	10 _____	_____	_____	
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 _____	_____	_____	
13 Enter the lesser of Line 8 or Line 12.	13 _____	_____	_____	13 _____
14 Add Column D, Line 11 and Column D, Line 13. Enter the total here and on Page 2, Line 15.				14 _____

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

**Note** → 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 U.S. company that paid you interest or intangible expenses. Name \_\_\_\_\_  
FEIN \_\_\_\_\_ - \_\_\_\_\_

**17** Enter the amount of interest received from the U.S. company. **17** \_\_\_\_\_◇

**18** Enter the amount of interest paid to you from the U.S. company's Schedule 80/20, Line 5. **18** \_\_\_\_\_◇

**19** Enter the lesser of Line 17 or Line 18. **19** \_\_\_\_\_

**20** Enter the intangible income received from the U.S. company. **20** \_\_\_\_\_◇

**21** Enter the amount of intangible expenses paid to you from the U.S. company's Schedule 80/20, Line 8. **21** \_\_\_\_\_◇

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

