



Illinois Department of Revenue
2022 Schedule 80/20
Related-Party Expenses



Year ending

For tax years ending on or after December 31, 2022.
 Attach to your Form IL-1120, IL-1120-ST, IL-1065, or IL-1041.

Month _____ Year _____
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. 2a | <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 zero 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 add-back. 6b | _____ | _____ | _____ | |

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.

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 Add-back unreasonable 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 zero. 8 | _____ | _____ | _____ | |
| 9 Total addition modifications Add Lines 5 and 8. 9 | _____ | _____ | _____ | |
| Enter the amount here. See instructions. | | | | |

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 | _____ | _____ | _____ | |
| 12 Enter the amount of intangible income received from each affiliated company. 12 | _____ | _____ | _____ | |
| 13 Enter the lesser of Line 8 or Line 12. 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. See instructions. **23** _____

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.