## Arizona Form

- Include Form(s) 51 immediately following Form 120.
- Be sure to check the "Yes" box on Form 120, line D.

For the calendar year 2019 or fiscal year beginning $\qquad$ 1 $\mid 2,0,1,9$ and ending $\qquad$ 1 2, 0 , $\qquad$ -


| Secter | ction 1 | Listing of Affiliated Corporations <br> Combined or Consolidated in This Return or Filing Separate Returns <br> Complete Section 1 only if it was not completed for a previous taxable year. |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| If the Affiliated Company is an Arizona Filer, check the Arizona Filer box. |  |  | F = Consolidated C = Combined S = Separate $\downarrow$ |  |  |  |
| 00 | $\begin{gathered} \hline \text { (a) } \\ \text { Arizona } \\ \text { Filer? } \\ \hline \end{gathered}$ | (b) <br> Affiliated Company Name | $\begin{array}{\|c\|} \hline \text { (c) } \\ \text { F/C//S } \\ \hline \end{array}$ | $\begin{aligned} & \hline \text { (d) } \\ & \text { EIN } \end{aligned}$ | $\begin{gathered} (\mathrm{e}) \\ \text { Period } \\ \text { From }- \text { Through } \end{gathered}$ | $\begin{gathered} \begin{array}{c} (f) \\ \text { Business } \\ \text { Activity Code } \end{array} \end{gathered}$ |
| 1 |  |  |  |  | IM/YYYY-MM/Y |  |
| 2 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 3 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 4 |  |  |  |  | GM/YYYY-MM/YYYY |  |
| 5 |  |  |  |  | mumpry -mmiryry |  |
| 6 |  |  |  |  | WM/YYYY-MM/YYYY |  |
| 7 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 8 |  |  |  |  | MMMYYY-MMMYYY |  |
| 9 |  |  |  |  | WM/YYYY-MM/YYYY |  |
| 10 |  |  |  |  | MMMYYY-MMMYYY |  |
| 11 |  |  |  |  | MMMYYY-MM/YYYY |  |
| 12 |  |  |  |  | MM/YMYY-MM/YYYY |  |
| 13 |  |  |  |  | MMMYYY-MMMYYY |  |
| 14 |  |  |  |  | MMMYYY-MMMYYY |  |
| 15 |  |  |  |  | MM/YYYY-MM/YYYY |  |

(Section 2): Corporations Added to the Affiliated Group During the Taxable Year If more space is needed, include additional schedules.

## Section 2 <br> Corporations Added to the Affiliated Group During the Taxable Year

 Do not complete Section 2 if Section 1 is completed.If the Affiliated Company is an Arizona Filer, check the Arizona Filer box. If the Affiliated Company changed its name during the taxable year, check the Name Change box.

|  | $\begin{array}{\|c\|} \hline \text { ariona } \\ \text { Arizona } \\ \text { Filer? } \\ \hline \end{array}$ | (b) <br> Affiliated Company Name | $\begin{gathered} \text { (c) } \\ \text { Name } \\ \text { Change? } \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { (d) } \\ \mathrm{F} / \mathrm{C} / \mathrm{S} \\ \hline \end{array}$ | $\begin{aligned} & \hline \text { (e) } \\ & \text { EIN } \\ & \hline \end{aligned}$ | (f) <br> Month Added | (g) <br> Activity Code |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  | MM |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  | MM |  |
| 7 |  |  |  |  |  | MN |  |
| 8 |  |  |  |  |  | MN |  |

(Section 3): Corporations Deleted From the Affiliated Group During the Taxable Year
If more space is needed, include additional schedules.


Reason for deletions:

