## Arizona Form <br> 51

## Combined or Consolidated Return Affiliation Schedule

- Include Form(s) 51 immediately following page 4 of Form 120.
- Be sure to check the "Yes" box on Form 120, line D.

For the calendar year 2015 or fiscal year beginning $\qquad$ 1 $12,0,1,5$ and ending $\qquad$ 1D, 2,0 $\qquad$ -


| Section I |  | Listing of Affiliated Corporations Combined or Consolidated in This Return or Filing Separate Returns Complete Section I 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 |  |  |  |
| 00 | Arizona Filer? | Affiliated Company Name | F/C/S | EIN | Period From - Through | Business Activity Code |
| 1 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 2 |  |  |  |  | WIM/YYYY-MM/YYYY |  |
| 3 |  |  |  |  | M M/YYYY-MM/YYYY |  |
| 4 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 5 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 6 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 7 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 8 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 9 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 10 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 11 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 12 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 13 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 14 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 15 |  |  |  |  | MM/YYYY-MM/YYYY |  |

## Section II

Corporations Added to the Affiliated Group During the Taxable Year
Do not complete Section II if Section I 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.

|  | Arizona Filer? | Affiliated Company Name | $\begin{aligned} & \text { Name } \\ & \text { Change? } \end{aligned}$ | F/C/S | EIN | Month Added | Business Activity Code |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 |  |  |  |  |  | MM |  |
| 2 |  |  |  |  |  | MM |  |
| 3 |  |  |  |  |  | M M |  |
| 4 |  |  |  |  |  | M M |  |
| 5 |  |  |  |  |  | M M |  |
| 6 |  |  |  |  |  | M M |  |
| 7 |  |  |  |  |  | M M |  |
| 8 |  |  |  |  |  | M M |  |
| 9 |  |  |  |  |  | M M |  |
| 10 |  |  |  |  |  | M M |  |

## Section III

Corporations Deleted From the Affiliated Group During the Taxable Year
Do not complete Section III if Section I 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.

|  | $\begin{gathered} \mid \text { Arizona } \\ \text { Filer? } \end{gathered}$ | Affiliated Company Name | Name Change? | F/C/S | EIN | Month Deleted | Business Activity Code |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  | M M |  |
| 5 |  |  |  |  |  | MM |  |
| 6 |  |  |  |  |  | M M |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  | MM |  |
| 9 |  |  |  |  |  | MM |  |
| 10 |  |  |  |  |  | M M |  |

Reason for deletions:

