## 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 2018 or fiscal year beginning $\qquad$ 1 | $2,0,1,8$ and ending $\qquad$ 1 2, 0 , $\qquad$ -

| Name | Employer Identification Number (EIN) |  |  |  |
| :--- | :--- | :--- | :---: | :---: |
| Number and Street or PO Box |  |  |  |  |
| State ZIP Code |  |  |  |  |
|  | 88 |  |  |  |


|  | 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. $\downarrow$ |  |  | $\begin{aligned} & \mathrm{F}=\text { Consolidated } \mathrm{C}=\text { Combined } \mathrm{S}=\text { Separate } \\ & \downarrow \end{aligned}$ |  |  |  |
| 00 | (a) Arizona Filer? | (b) ${ }_{\text {(b) }}^{\text {Afiliated Company Name }}$ | $\begin{array}{\|c\|} \hline \text { (c) } \\ \text { F/C/S/S } \\ \hline \end{array}$ | (d) EIN | $(\mathrm{e})$ Period From - Through | $(f)$ <br> Business <br> Activity Code |
| 1 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 2 |  |  |  |  | MM/YYYY-MM/YYY |  |
| 3 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 4 |  |  |  |  | MMMMYY-MMMYM |  |
| 5 |  |  |  |  | MM/YYYY-MMMYYY |  |
| 6 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 7 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 8 |  |  |  |  | MMPYYY-MM/YYYY |  |
| 9 |  |  |  |  | MM/YMYY-MM/YYYY |  |
| 10 |  |  |  |  | MMMYYY-MMMYYY |  |
| 11 |  |  |  |  | MMMMYY-MMMYY |  |
| 12 |  |  |  |  | MM/YYYY-MM/YYYY |  |
| 13 |  |  |  |  | MMMYYY-MM/YYYY |  |
| 14 |  |  |  |  | MMPYYY-MM/YYYY |  |
| 15 |  |  |  |  | MM/YYYY-MM/YYYY |  |

(Section 2): Corporations Added to the Affiliated Group During the Taxable Year For more space, (check) $\square$ and complete page 4.

## 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.

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

(Section 3): Corporations Deleted From the Affiliated Group During the Taxable Year
For more space, (check) $\square$ and complete page 5.


Reason for deletions:

## Section 1 Listing of Affiliated Corporations Continued



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

| yea | eck | ame | nge box |  |  | $\downarrow$ |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 00 | (a) Page Number | $\begin{gathered} \text { (b) } \\ \text { Line } \\ \text { Number } \\ \hline \end{gathered}$ | $\begin{array}{\|c\|} \hline \text { (c) } \\ \text { Arizona } \\ \text { Filer? } \\ \hline \end{array}$ | (d) <br> Affiliated Company Name | (e) Name Change? | $\begin{gathered} \text { (f) } \\ \mathrm{F} / \mathrm{C} / \mathrm{S} \\ \hline \end{gathered}$ | (g) <br> EIN | (h) <br> Month Added |  |
|  |  | 1 |  |  |  |  |  |  |  |
|  |  | 2 |  |  |  |  |  | MM |  |
|  |  | 3 |  |  |  |  |  | MM |  |
|  |  | 4 |  |  |  |  |  | MM |  |
|  |  | 5 |  |  |  |  |  | MM |  |
|  |  | 6 |  |  |  |  |  | MM |  |
|  |  | 7 |  |  |  |  |  | MM |  |
|  |  | 8 |  |  |  |  |  | MM |  |
|  |  | 9 |  |  |  |  |  | MM |  |
|  |  | 10 |  |  |  |  |  | MM |  |
|  |  | 11 |  |  |  |  |  | MM |  |
|  |  | 12 |  |  |  |  |  | MM |  |
|  |  | 13 |  |  |  |  |  | MM |  |
|  |  | 14 |  |  |  |  |  | MM |  |
|  |  | 15 |  |  |  |  |  | MM |  |
|  |  | 16 |  |  |  |  |  | MM |  |
|  |  | 17 |  |  |  |  |  | MM |  |
|  |  | 18 |  |  |  |  |  |  |  |
| ADOR 10148 (18) |  |  |  |  |  |  |  |  | Page 4 of 5 |

## Section 3 <br> Corporations Deleted From the Affiliated Group During the Taxable Year Continued <br> Do not complete Section 3 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.

| 00 |  |  | (c) <br> Arizona Filer? | (d) <br> Affiliated Company Name | (e) <br> Name Change? | (f) <br> F/C/S | (g) <br> EIN | (h) <br> Month Deleted | (i) Business Activity Code |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 1 |  |  |  |  |  |  |  |
|  |  | 2 |  |  |  |  |  | M M |  |
|  |  | 3 |  |  |  |  |  |  |  |
|  |  | 4 |  |  |  |  |  | M M |  |
|  |  | 5 |  |  |  |  |  |  |  |
|  |  | 6 |  |  |  |  |  | V M |  |
|  |  | 7 |  |  |  |  |  | M M |  |
|  |  | 8 |  |  |  |  |  | M M |  |
|  |  | 9 |  |  |  |  |  | 1 |  |
|  |  | 10 |  |  |  |  |  | M M |  |
|  |  | 11 |  |  |  |  |  | V |  |
|  |  | 12 |  |  |  |  |  | , |  |
|  |  | 13 |  |  |  |  |  | VIV |  |
|  |  | 14 |  |  |  |  |  | V V |  |
|  |  | 15 |  |  |  |  |  | 1 |  |
|  |  | 16 |  |  |  |  |  | M M |  |
|  |  | 17 |  |  |  |  |  | M V |  |
|  |  | 18 |  |  |  |  |  | M |  |
| ADO | R 10148 |  |  |  |  |  |  |  | Page 5 of 5 |

