

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

For the calendar year 2023 or fiscal year beginning [MM/DD/2023] and ending [MM/DD/20YY].

Name	Employer Identification Number (EIN)
Number and Street or PO Box	<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b> 88
City or Town State ZIP Code	
Check the box to indicate which Section(s) of this form you are completing: <b>A.</b> Section 1 only <input type="checkbox"/> <b>B.</b> Section 2 only <input type="checkbox"/> <b>C.</b> Section 3 only <input type="checkbox"/> <b>D.</b> Sections 2 and 3 <input type="checkbox"/>	
<b>(Section 1): Affiliated Corporations:</b> Combined or Consolidated in This Return or Filing Separate Returns. If more space is needed, include additional schedules.	81 PM      80 RCVD

**Section 1 Listing of Affiliated Corporations**  
**Combined or Consolidated in This Return or Filing Separate Returns**  
 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 ↓				
00	(a) Arizona Filer?	(b) Affiliated Company Name	(c) F/C/S	(d) EIN	(e) Period From – Through	(f) Business Activity Code
1					MM/YYYY-MM/YYYY	
2					MM/YYYY-MM/YYYY	
3					MM/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	

Name (as shown on page 1)	EIN
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**(Section 2): Corporations Added to the Affiliated Group During the Taxable Year**

If more space is needed, include additional schedules.

<b>Section 2</b> <b>Corporations Added to the Affiliated Group During the Taxable Year</b> 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.					F = Consolidated   C = Combined   S = Separate ↓	
(a) Arizona Filer?	(b) Affiliated Company Name	(c) Name Change?	(d) F/C/S	(e) EIN	(f) Month Added	(g) Business Activity Code
1					MM	
2					MM	
3					MM	
4					MM	
5					MM	
6					MM	
7					MM	
8					MM	

**(Section 3): Corporations Deleted From the Affiliated Group During the Taxable Year**

If more space is needed, include additional schedules.

<b>Section 3</b> <b>Corporations Deleted From the Affiliated Group During the Taxable Year</b> 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.					F = Consolidated   C = Combined   S = Separate ↓	
(a) Arizona Filer?	(b) Affiliated Company Name	(c) Name Change?	(d) F/C/S	(e) EIN	(f) Month Deleted	(g) Business Activity Code
1					MM	
2					MM	
3					MM	
4					MM	
5					MM	
6					MM	
7					MM	
8					MM	

Reason for deletions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_