## Arizona Form 51

## **Consolidated or Combined Return Affiliation Schedule**

2023

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

For the calendar	vear 2023 or fiscal	vear beginning I	<u>M,M,D,D,2,0,2,3</u> and ending ( <u>M,M,D,D,2,0,Y,Y</u>

Name					Employer Identification Number (EIN)					
Number and Street or PO Box					REVENUE USE ONLY. DO NOT MARK IN THIS AREA.					
City	City or Town State ZIP Cod				00					
		e box to indicate which Section(s) of this form you are completed and 1 only B. Section 2 only C. Section 3 only D.		s 2 and 3 □	-					
(S	ectio	1): Affiliated Corporations:			81 PM	80 RC	VD			
		ed or Consolidated in This Return or Filing Separate R space is needed, include additional schedules.	eturns.							
Se	ction	Listing of Affiliated Corporations  Combined or Consolidated in This Return or	Filing	Separate F	Returns					
		Complete Section 1 only if it was not completed								
If th	ne Affilia	ated Company is an Arizona Filer, check the Arizona Filer box.	F = C	F = Consolidated C = Combined S = Separate						
00	(a) Arizona Filer?	(b) Affiliated Company Name	(c) F/C/S	(d) EIN		(e) Period – Through	(f) Business Activity Code			
1						Y-MM/YYYY	, ,			
2						/_MM/YYYY				
3					MM/YYY)	Y-MM/YYYY				
4					MM/YYY)	Y-MM/YYYY				
5					MM/YYYY	Y-MM/YYYY				
6					MM/YYYY	Y-MM/YYYY				
7					MM/YYYY	Y-MM/YYYY				
8					MM/YYYY	Y-MM/YYYY				
9					MM/YYY	Y-MM/YYYY				
10					MM/YYY	Y-MM/YYYY				
11					MM/YYY	Y-MM/YYYY				
12					MM/YYYY	Y-MM/YYYY				
13					MM/YYYY	Y-MM/YYYY				
14					MM/YYYY	Y-MM/YYYY				
15					MM/YYY	Y-MM/YYYY				

Name (as shown on page 1)	EIN	

## (Section 2): Corporations Added to the Affiliated Group During the Taxable Year

If more space is needed, include additional schedules.

		Corporations Added to the Affiliated Group During the Taxable Year  Do not complete Section 2 if Section 1 is completed.						
		Company is an Arizona Filer, check the Arizona Filer box. If the Affiliated ged 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.

	Corporations Deleted From the Affiliated Group During Do not complete Section 3 if Section 1 is completed.  Company is an Arizona Filer, check the Arizona Filer box. If the Affiliated need 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					NANA			

Reason for deletions: