

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

For the calendar year 2021 or fiscal year beginning MM, DD, DD | 2, 0, 2, 1 | and ending MM, DD, DD | 2, 0, Y, Y |.

Name	Employer Identification Number (EIN)		
Number and Street or PO Box	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.		
City or Town State ZIP Code	88		
Check the box to indicate which Section(s) of this form you are completing: A. Section 1 only <input type="checkbox"/> B. Section 2 only <input type="checkbox"/> C. Section 3 only <input type="checkbox"/> D. Sections 2 and 3 <input type="checkbox"/>			
(Section 1): Affiliated Corporations: Combined or Consolidated in This Return or Filing Separate Returns. If more space is needed, include additional schedules.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; text-align: center;">81 PM</td> <td style="width: 50%; padding: 5px; text-align: center;">80 RCVD</td> </tr> </table>	81 PM	80 RCVD
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
---------------------------	-----

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

If more space is needed, include additional schedules.

Section 2						
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.					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.

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