

- 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 2017 or fiscal year beginning MM/DD/2017 and ending MM/DD/20YY.

Name			Employer Identification Number (EIN)	
Number and Street or PO Box			REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
City or Town	State	ZIP Code		
			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	Arizona Filer?	Affiliated Company Name	F/C/S	EIN	Period From – Through	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
 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
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Arizona Filer?	Affiliated Company Name	Name Change?	F/C/S	EIN	Month Added	Business Activity Code
1					MM	
2					MM	
3					MM	
4					MM	
5					MM	
6					MM	
7					MM	
8					MM	
9					MM	
10					MM	

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
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Arizona Filer?	Affiliated Company Name	Name Change?	F/C/S	EIN	Month Deleted	Business Activity Code
1					MM	
2					MM	
3					MM	
4					MM	
5					MM	
6					MM	
7					MM	
8					MM	
9					MM	
10					MM	

Reason for deletions: