

**ARIZONA FORM  
51**

**Combined or Consolidated Return  
Affiliation Schedule**

For the calendar year 2012 or fiscal year beginning [MM,DD,YY,YY] and ending [MM,DD,YY,YY].

**Attach Form(s) 51 immediately following Page 4 of Form 120.  
Be sure to check the "Yes" box on Form 120, information question C.**

Name	Employer identification number (EIN)
Number and street or PO Box	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
City or town, state, and ZIP code	
<p><b>Section I Listing of Affiliated Corporations Combined or Consolidated in This Return or Filing Separate Returns</b>  <b>Complete Section I only if it was not completed for a previous taxable year.</b></p>	

*If answer to Arizona filer is yes, place an "X" in the box.*

\* F= Consolidated    C= Combined    S= Separate

00	Arizona filer?	Affiliated company name	F/C/S *	Employer identification number	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	

**Section II Corporations Added to the Affiliated Group During the Taxable Year**

*Do not complete Sections II and III if Section I is completed.*

*If answer to Arizona filer or name change is yes, place an "X" in the box.*

\* F= Consolidated

C= Combined

S= Separate

Arizona filer?	Affiliated company name	Name change?	F/C/S *	Employer identification number	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 III Corporations Deleted From the Affiliated Group During the Taxable Year**

*If answer to Arizona filer or name change is yes, place an "X" in the box.*

\* F= Consolidated

C= Combined

S= Separate

Arizona filer?	Affiliated company name	Name change?	F/C/S *	Employer identification number	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: