

Combined or Consolidated Return Affiliation Schedule

For the calendar year 2013 or fiscal year beginning                   2, 0, 1, 3 and ending                   .

**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	<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b> <div style="border: 1px solid black; width: 20px; height: 15px; margin: 2px auto;"></div>
City or Town <span style="float:right;">State <span style="margin-left: 50px;">ZIP Code</span></span>	
<div style="display: inline-block; width: 45%; border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; margin-right: 5px;"></div> PM             </div> <div style="display: inline-block; width: 45%; border: 1px solid black; padding: 2px; margin-left: 10px;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: inline-block; margin-right: 5px;"></div> RCVD             </div>	

**Section I Listing of Affiliated Corporations Combined or Consolidated in This Return or Filing Separate Returns**

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

Do not complete Sections II and III if Section I 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 ↓	
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 III Corporations Deleted From the Affiliated Group During the Taxable Year**

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 ↓	
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: