Arizona Form **51**

Combined or Consolidated Return Affiliation Schedule 2014

- 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 2014 or fiscal year beginning $[M,M_1D,D_12,0,1,4]$ and ending $[M,M_1D,D_12,0,Y,Y]$.

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	
			81 PM 80 RCVD

Section I	Listing of Affiliated Corporations Combined or Consolidated in This Return of Complete Section I only if it was not completed							
If the Affiliated Company is an Arizona Filer, check the Arizona Filer box. Ψ			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	

Do not complete Section II if Section I is completed. 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				
Arizo	na	Name	•			Business
File	r? Affiliated Company Name	Change?	F/C/S	EIN	Month Added	Activity Coo
					MM	
					MM	
					MM	
					MM	
					MM	
5					MM	
,					MM	
3					MM	
					MM	
					MM	
	Corporations Deleted From the Affiliated G		the Tax	xable Year	MM	
ectio	Do not complete Section III if Section I is comp filiated Company is an Arizona Filer, check the Arizona Filer box. If f	bleted.	F = Con		Combined S = Sepa	arate
ectio	Do not complete Section III if Section I is comp filiated Company is an Arizona Filer, check the Arizona Filer box. If the hy changed its name during the taxable year, check the Name Change and	bleted. the Affiliated ge box. Name	F = Cons	solidated C =	Combined S = Sepa	Business
ectic he Aff	Do not complete Section III if Section I is comp filiated Company is an Arizona Filer, check the Arizona Filer box. If the hy changed its name during the taxable year, check the Name Change and	he Affiliated box.	F = Con		Combined S = Sepa	Business
ne Aff mpar	Do not complete Section III if Section I is comp filiated Company is an Arizona Filer, check the Arizona Filer box. If the hy changed its name during the taxable year, check the Name Change and	bleted. the Affiliated ge box. Name	F = Cons	solidated C =	Combined S = Sepa	Business
ne Aff mpar	Do not complete Section III if Section I is comp filiated Company is an Arizona Filer, check the Arizona Filer box. If the hy changed its name during the taxable year, check the Name Change and	bleted. the Affiliated ge box. Name	F = Cons	solidated C =	Combined S = Sepa	Business
ectic he Aff mpar Arizo File	Do not complete Section III if Section I is comp filiated Company is an Arizona Filer, check the Arizona Filer box. If the hy changed its name during the taxable year, check the Name Change and	bleted. the Affiliated ge box. Name	F = Cons	solidated C =	Combined S = Sepa	Business
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ectic he Aff mpar Ariza File	Do not complete Section III if Section I is comp filiated Company is an Arizona Filer, check the Arizona Filer box. If the hy changed its name during the taxable year, check the Name Change and	bleted. the Affiliated ge box. Name	F = Cons	solidated C =	Combined S = Sepa	Business
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Reason for deletions: