- 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 2015 or fiscal year beginning  $[\underline{M}, \underline{M}, \underline{D}, \underline{D}, \underline{1}, \underline{5}]$  and ending  $[\underline{M}, \underline{M}, \underline{D}, \underline{D}, \underline{2}, \underline{0}, \underline{Y}, \underline{Y}]$ .

| 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                              |

| Sec   | tion I           | Listing of Affiliated Corporations Combined or Consolidated in This Return o Complete Section I only if it was not completed |       |     |                          |                           |  |
|---|------------------|--|-------|-----|--------------------------|---------------------------|--|
| If the Affiliated Company is an Arizona Filer, check the Arizona Filer box. |                  | F = Consolidated C = Combined S = Separate   |       |     |                          |                           |  |
|   | rizona<br>Filer? | Affiliated Company Name  | F/C/S | EIN | Period<br>From – Through | Business<br>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 |  |  |  |  |
|--|-----|--|--|--|--|
| , , , , , , , , , , , , , , , , , , ,                              |     |  |  |  |  |
|  |     |  |  |  |  |
| Cornerations Added to the Affiliated Group During the Tayable Vear |     |  |  |  |  |

| Section II  Corporations Added to the Affiliated Group During the Taxable Year  Do not complete Section II if Section I is completed. |                   |  |                 |       |     |             |                           |
|---|-------------------|--|-----------------|-------|-----|-------------|---------------------------|
|   |                   | F = Consolidated C = Combined S = Separate |                 |       |     |             |                           |
|   | Arizona<br>Filer? | Affiliated Company Name                    | Name<br>Change? | F/C/S | EIN | Month Added | Business<br>Activity Code |
| 1   |                   |  |                 |       |     | MM          |                           |
| 2   |                   |  |                 |       |     | MM          |                           |
| 3   |                   |  |                 |       |     | MM          |                           |
| 4   |                   |  |                 |       |     | MM          |                           |
| 5   |                   |  |                 |       |     | MM          |                           |
| 6   |                   |  |                 |       |     | MM          |                           |
| 7   |                   |  |                 |       |     | MM          |                           |
| 8   |                   |  |                 |       |     | MM          |                           |
| 9   |                   |  |                 |       |     | MM          |                           |
| 10  |                   |  |                 |       |     | MM          |                           |

| Se                       | ction III         | Corporations Deleted From the Affiliated Gr<br>Do not complete Section III if Section I is comp                           |  | the Tax | able Year                                  |               |                           |  |  |
|--------------------------|-------------------|---|--|---------|--|---------------|---------------------------|--|--|
| If the Affiliated Compar |                   | Company is an Arizona Filer, check the Arizona Filer box. If taged its name during the taxable year, check the Name Chang | s an Arizona Filer, check the Arizona Filer box. If the Affiliated |         | F = Consolidated C = Combined S = Separate |               |                           |  |  |
|                          | Arizona<br>Filer? | Affiliated Company Name   | Name<br>Change?  | F/C/S   | EIN  | Month Deleted | Business<br>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: