## Arizona Form **51**

## **Consolidated or Combined Return Affiliation Schedule**

2022

- Include Form(s) 51 immediately following Form 120.
- Be sure to check the "Yes" box on Form 120, line D.

For the calendar year 2022 or fiscal year beginning [M,M,D,D,2,0,2,2] and ending [M,M,D,D,2,0,Y,Y].

Name					Employer Identification Number (EIN)			
Number and Street or PO Box					REVENUE USE C	ONLY. DO NOT MARK	IN THIS AREA.	
City or Town State ZIP Code								
		e box to indicate which Section(s) of this form you are comple n 1 only □ <b>B</b> ⋅ Section 2 only □ <b>C</b> ⋅ Section 3 only □ <b>D</b> ⋅ S		s 2 and 3 □			<b></b>	
Co	mbin	n 1): Affiliated Corporations: ed or Consolidated in This Return or Filing Separate Re space is needed, include additional schedules.	eturns		81 PM	80 RC\	VD	
	ction	Listing of Affiliated Corporations Combined or Consolidated in This Return or F						
		Complete Section 1 only if it was not completed for						
If th	ne Affilia	ated Company is an Arizona Filer, check the Arizona Filer box.	F = C	= Consolidated C = Combined S = Separate				
00	(a) Arizona Filer?	(b) Affiliated Company Name	(c) F/C/S	(d) EIN	Erc	(e) Period om – Through	(f) Business Activity Code	
_	File! !	Annated Company Name	F/C/3	EIIN	FIC	m – mrougn	Activity Code	
1					MM/YY	YY-MM/YYYY		
2					MM/YY	YY-MM/YYYY		
3					MM/YY	YY-MM/YYYY		
4					MM/YY	YY-MM/YYYY		
5					MM/YY	YY-MM/YYYY		
6					MM/YY	YY-MM/YYYY		
7					MM/YY	YY-MM/YYYY		
8					MM/YY	YY-MM/YYYY		
9					MM/YY	YY-MM/YYYY		
10					MM/YY	YY-MM/YYYY		
11					MM/YY	YY-MM/YYYY		
12					MM/YY	YY-MM/YYYY		
13					MM/YY	YY-MM/YYYY		
14					MM/YY	YY-MM/YYYY		

Name (as shown on page 1)	EIN	

## (Section 2): Corporations Added to the Affiliated Group During the Taxable Year

If more space is needed, include additional schedules.

		Corporations Added to the Affiliated Group During the Taxable Year  Do not complete Section 2 if Section 1 is completed.							
		Company is an Arizona Filer, check the Arizona Filer box. If the Affiliated ged its name during the taxable year, check the Name Change box.		F = Consolidated C = Combined S = Separate					
	(a) Arizona Filer?	(b) Affiliated Company Name	(c) Name Change?	(d) F/C/S	(e) EIN	(f) Month Added	(g) Business Activity Code		
1						MM			
2						MM			
3						MM			
4						MM			
5						MM			
6						MM			
7						MM			
8						MM			

## (Section 3): Corporations Deleted From the Affiliated Group During the Taxable Year

If more space is needed, include additional schedules.

Se	ection	Corporations Deleted From the Affiliated Do not complete Section 3 if Section 1 is complete.		the Ta	axable Year				
		Company is an Arizona Filer, check the Arizona Filer box. If the Affiliated aged its name during the taxable year, check the Name Change box.			F = Consolidated C = Combined S = Separate				
	(a) Arizona Filer?	(b) Affiliated Company Name	(c) Name Change?	(d) F/C/S	(e) EIN	(f) Month Deleted	(g) Business Activity Code		
1						MM			
2						MM			
3						MM			
4						MM			
5						MM			
6						MM			
7						MM			

Reason for deletions: