ARIZONA FORM
819

Distributor's Monthly Return of Cigars and Tobacco Products Received

This return is due the 20th day of the first month following the reporting period.

☐ AMENDED RETURN ☐ FINAL RETURN *(CANCEL LICENSE)*

LEGAL BUSINESS NAME			
BUSINESS (OR DBA) NAME			
MAILING ADDRESS ☐ *New*	CITY	STATE	ZIP
BUSINESS LOCATION ADDRESS ☐ *New*	CITY	STATE	ZIP
NAME OF CONTACT PERSON ☐ *New*	TELEPHONE NO. *(with area code)* ☐ *New*		
E-MAIL ADDRESS ☐ *New*	FAX NO. *(with area code)* ☐ *New*		

TOBACCO LICENSE NO.:	TAXPAYER I.D. NO.:
PERIOD BEGINNING: M M D D Y Y Y Y	PERIOD ENDING: M M D D Y Y Y Y
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
POSTMARK DATE	RECEIVED DATE

See Rates and Instructions before completing this form.

1 Total tax on tobacco products received: *Enter the amount shown on Schedule A, line 5* ..... 1 $

YELLOW fields are Read-Only. You cannot enter data in yellow fields. They are calculated as you fill in the form.

Deductions:

2 Sold on non-offset Indian reservations: *Enter the amount on Schedule B-1, line 12* .. 2 $

3 Sold on self-collecting offset Indian reservations:

3a *Enter the amount shown on Schedule B-2, line 7* ..... **3a** $

3b *Enter the amount shown on Schedule B-3, line 7* ..... **3b** $

3c Total: *Add lines 3a and 3b* ..... **3c** $

4 Sold on ADOR-collected offset Indian reservations:

4a *Enter the amount shown on Schedule B-4 line 3* ..... **4a** $

4b *Enter the amount shown on Schedule B-5, line 12* ..... **4b** $

4c Total: *Add lines 4a and 4b* ..... **4c** $

5 Exported from the state: *Enter the amount shown on Schedule C, line 5* ..... 5 $

6 Returned to suppliers: *Enter the amount shown on Schedule D, line 5* ..... 6 $

7 Purchased tax paid from other Arizona licensed distributors: *Enter the amount shown on Schedule E-1, line 5* ..... 7 $

8 Sold to Arizona licensed distributors (who will pay the tax): *Enter the amount shown on Schedule E-2, line 5* ..... 8 $

9 Sold to military installations ..... 9 $

10 **Total Deductions**: *Add lines 2, 3c, 4c, 5, 6, 7, 8 and 9* ..... 10 $

11 **TOTAL TAX DUE:** *Subtract line 10 from line 1* ..... 11 **$ 0.00**

PLEASE SIGN HERE

Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

I have read this claim and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are correct and complete.

➔ PREPARER'S SIGNATURE

➔ TAXPAYER'S OR AUTHORIZED AGENT'S SIGNATURE

PREPARER'S TIN DATE

TITLE DATE

MAIL TO: Arizona Department of Revenue, Tobacco Tax Section, 1600 West Monroe, Phoenix, AZ 85007

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