ARIZONA FORM
819NR

Nonresident Distributor's Monthly Return of Cigars and Tobacco Products Sold
(For Nonresident Licensed Distributors)

This return must be filed with the Arizona Department of Revenue not later than the 20th day of the 1st month following the month for which this return is made.

TOBACCO LICENSE NO.	TAXPAYER ID (EIN OR SSN)	**FOR THE MONTH OF** *(enter full month and 4-digit year)* MONTH YYYY

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME
MAILING ADDRESS ☐ *Check if new.*	ADDRESS OF BUSINESS LOCATION ☐ *Check if new.*
CITY STATE ZIP	CITY STATE ZIP
NAME OF CONTACT PERSON ☐ *Check if new.*	TELEPHONE NUMBER WITH AREA CODE ☐ *Check if new.*
E-MAIL ADDRESS ☐ *Check if new.*	FAX NUMBER WITH AREA CODE ☐ *Check if new.*

See Rates and Instructions beginning on page 13.

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

Deductions:

2 Sold to non-offset Indian reservations: *Enter the amount on Schedule B-1, line 11* ... **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 11* ..... **4b** $
- **4c** Total: *Add lines 4a and 4b* ..... **4c** $

5 Sold to Arizona licensed distributors (who will pay the tax). *Enter the amount shown on Schedule C-3, line 5*..... **5** $

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

7 Sold to military installations ..... **7** $

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

9 **TOTAL TAX DUE:** *Subtract line 8 from line 1* ..... **9** $

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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Schedule A

Sales of Cigars and/or Tobacco Products Shipped into Arizona During the Month

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
			MONTH YYYY

Complete using the total rate of tax. Please see instructions beginning on page 13. If product received in columns (g) or (h) constitutes "roll-your-own" per the definition on page 14, enter both here and on either Schedule A-3, if from a Participating Manufacturer, or Schedule A-4 if from a nonparticipating manufacturer.

(a) Name and Address of Who the Product was Sold To	(b) Date Received	(c) Invoice Date	(c) Invoice Number	(d) No. of Small Cigars Shipped Weighing not more than 3 lbs/1000	(e) No. of Cigars Shipped Selling for $.05 or Less	(f) No. of Cigars Shipped Selling for More than $.05	(g) No. of Ounces Shipped of Smoking Tobacco, Snuff, Fine Cut Chewing, etc.	(h) No. of Ounces Shipped of Cavendish, Plug or Twist
1. Total this sheet								
2. Total all sheets								
3. Total sold this month								
TOTAL RATES				× $.441 per 20	× $.218 per 3	× $.218 each	× $.223 per oz.	× $.055 per oz.
4. Net taxes this month				$	$	$	$	$
5. **Total Tax This Month** (sum of net taxes). *Enter here and on page 1, line 1.*								$

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Schedule A-3

Participating Manufacturer's Roll-Your-Own Tobacco Sold in Arizona

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
			MONTH YYYY

Please see definitions and instructions beginning on page 14. Please provide the following information with respect to all Participating Manufacturer's roll-your-own tobacco on which you paid state excise taxes. A list of Participating Manufacturers, and their brands authorized for sale in Arizona, is maintained and updated at the Arizona Attorney General's web site, **www.azag.gov**.

PARTICIPATING MANUFACTURER'S BRANDS:

(a) Participating Manufacturer's Name	(b) Name and Address of Who the Product was Sold To	(c) Brand Family	(d) Quantity in Ounces
TOTAL			

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Schedule A-4

Nonparticipating Manufacturer's Roll-Your-Own Tobacco Sold in Arizona

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
			MONTH YYYY

Please see definitions and instructions beginning on page 14. Please provide the following information with respect to all Nonparticipating Manufacturer's (NPM) roll-your-own tobacco on which you paid state excise taxes. A list of Nonparticipating Manufacturers, and their brands authorized for sale in Arizona, is maintained and updated at the Arizona Attorney General's web site, **www.azag.gov**. If you have had no NPM activity during the month above, *complete and submit the Nonresident Distributor's Certification of No Nonparticipating Manufacturer's Activity, page 12.*

NONPARTICIPATING MANUFACTURER'S BRANDS:

(a) Nonparticipating Manufacturer's Name and Address	(b) Name and Address of Who the Product Was Sold To	(c) Invoice *from sale listed in column (b)* Date	(c) Invoice *from sale listed in column (b)* Number	(d) Brand Family	(e) Quantity in Ounces
TOTAL					

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