

**ARIZONA FORM**  
**819**

**Distributor's Monthly Return of Cigars and Tobacco Products Received**

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)<br>MONTH YYYY |  |  |
| LEGAL BUSINESS NAME                    |       |     |                          | BUSINESS (OR DBA) NAME                 |     |  |  |  |
| MAILING ADDRESS                        |       |     |                          | ADDRESS OF BUSINESS LOCATION           |     |  |  |  |
| <input type="checkbox"/> Check if new. |       |     |                          | <input type="checkbox"/> Check if new. |     |  |  |  |
| CITY                                   | STATE | ZIP | CITY                     | STATE                                  | ZIP |  |  |  |
| NAME OF CONTACT PERSON                 |       |     |                          | TELEPHONE NUMBER WITH AREA CODE        |     |  |  |  |
| <input type="checkbox"/> Check if new. |       |     |                          | <input type="checkbox"/> Check if new. |     |  |  |  |
| E-MAIL ADDRESS                         |       |     |                          | FAX NUMBER WITH AREA CODE              |     |  |  |  |
| <input type="checkbox"/> Check if new. |       |     |                          | <input type="checkbox"/> Check if new. |     |  |  |  |

See Rates and Instructions before completing this form.

|   |           |  |
|---|-----------|--|
| 1 Total tax on tobacco products received: Enter the amount shown on Schedule A, line 5.....                         | <b>1</b>  |  |
| <b>Deductions:</b>  |           |  |
| 2 Sold on non-offset Indian reservations: Enter the amount on Schedule B-1, line 12..                               | <b>2</b>  |  |
| 3 Sold on self-collecting offset Indian reservations:   |           |  |
| 3a Enter the amount shown on Schedule B-2, line 7.....  | <b>3a</b> |  |
| 3b Enter the amount shown on Schedule B-3, line 7.....  | <b>3b</b> |  |
| 3c Total: Add lines 3a and 3b.....  | <b>3c</b> |  |
| 4 Sold on ADOR-collected offset Indian reservations:  |           |  |
| 4a Enter the amount shown on Schedule B-4 line 3.....   | <b>4a</b> |  |
| 4b Enter the amount shown on Schedule B-5, line 12.....   | <b>4b</b> |  |
| 4c Total: Add lines 4a and 4b.....  | <b>4c</b> |  |
| 5 Exported from the state: Enter the amount shown on Schedule C, line 5.....  | <b>5</b>  |  |
| 6 Returned to suppliers: Enter the amount shown on Schedule D, line 5.....  | <b>6</b>  |  |
| 7 Purchased tax paid from other Arizona licensed distributors: Enter the amount shown on Schedule E-1, line 5.....  | <b>7</b>  |  |
| 8 Sold to Arizona licensed distributors (who will pay the tax): Enter the amount shown on Schedule E-2, line 5..... | <b>8</b>  |  |
| 9 Sold to military installations.....   | <b>9</b>  |  |
| 10 Total Deductions: Add lines 2, 3c, 4c, 5, 6, 7, 8 and 9.....   | <b>10</b> |  |
| 11 TOTAL TAX DUE: Subtract line 10 from line 1.....   | <b>11</b> |  |

|                         |  |   |
|-------------------------|--|---|
| <b>PLEASE SIGN HERE</b> | 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