AZ FORM 819

# Schedule C

## Out-of-State Sales of Cigars and/or Tobacco Products During the Month

| TOBACCO PRODUCT EXPORTED TO (name of state) | TOBACCO LICENSE NO. | TAXPAYER I.D. NO. | FOR THE MONTH OF MONTH YYYY |
|---|---|---|---|
| LEGAL BUSINESS NAME | BUSINESS (or dba) NAME | | |

*Complete using the total rate of tax. Please see instructions before completing this form.* If product sold in columns (g) or (h) constitutes "roll-your-own" per the definition found in the *Definitions* section of the instructions, enter both here and on either Schedule C-1, if from a Participating Manufacturer, or Schedule C-2 if from a nonparticipating manufacturer.

| (a) Name and Address of Purchaser | (b) Date Sold | (c) Invoice Date | (c) Invoice Number | (d) No. of Small Cigars Sold Weighing not more than 3 lbs/1000 | (e) No. of Cigars Sold Selling for $.05 or Less | (f) No. of Cigars Sold Selling for More than $.05 | (g) No. of Ounces Sold of Smoking Tobacco, Snuff, Fine Cut Chewing, etc. | (h) No. of Ounces Sold of Cavendish, Plug or Twist |
|---|---|---|---|---|---|---|---|---|
| | **YELLOW fields are Read-Only. You cannot enter data in yellow fields; they are calculated as you fill in the form.** | | | | | | | |
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| | | | | | | | | |
| **1** Total this sheet | | | | **1** | | | | |
| **2** Total all other sheets | | | | **2** | | | | |
| **3** Total sold this month: *Add lines 1 and 2* | | | | **3** | | | | |
| TOTAL RATES | | | | **×$.441 per 20** | **×$.218 per 3** | **×$.218 each** | **× $.223 per oz.** | **× $.055 per oz.** |
| **4** Net taxes this month: *See instructions* | | | | **4** $ | $ | $ | $ | $ |
| **5 Total Tax This Month:** *Add the amounts in columns d, e, f, g, and h of line 4. Enter the total here and on page 1, line 5* | | | | | | | | **5** $ |



Print Page Reset Page

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# Schedule C-1

## Export of Participating Manufacturer's Roll-Your-Own Tobacco

| TOBACCO PRODUCT EXPORTED TO (name of state) | TOBACCO LICENSE NO. | TAXPAYER I.D. NO. | FOR THE MONTH OF |
|---|---|---|---|
| | | | MONTH YYYY |
| LEGAL BUSINESS NAME | BUSINESS (or dba) NAME | | |
| | | | |

*Please see instructions before completing this form.* Please provide the following information with respect to all Participating Manufacturer's roll-your-own tobacco that you exported from Arizona. 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**.

| (a) Date | (b) Invoice Number | (c) Participating Manufacturer's Name and Address | (d) Purchaser/Transferee - Name and Address | (e) Brand Family | (f) Ounces of Roll-Your-Own | (g) Tax Paid? (Yes/No) |
|---|---|---|---|---|---|---|
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|---|---|---|---|
| **1** Subtotal: This page only | **1** | | |
| **2** Total all other sheets | **2** | | |
| **3** GRAND TOTAL: *Add lines 1 and 2. Enter the amount here* | **3** | | |

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# Schedule C-2

Sheet ___ of ___

## Export of Nonparticipating Manufacturer's Roll-Your-Own Tobacco

| TOBACCO PRODUCT EXPORTED TO (name of state) | TOBACCO LICENSE NO. | TAXPAYER I.D. NO. | FOR THE MONTH OF MONTH YYYY |
|---|---|---|---|
| LEGAL BUSINESS NAME | BUSINESS (or dba) NAME | | |

*Please see instructions before completing this form*. Please provide the following information with respect to all Nonparticipating Manufacturer's (NPM) roll-your-own tobacco that you exported from Arizona. 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 Resident Distributor's Certification of No Nonparticipating Manufacturer's Activity*.

| (a) Date | (b) Invoice Number | (c) Nonparticipating Manufacturer's Name and Address | (d) Purchaser/Transferee - Name and Address | (e) Brand Family | (f) Ounces of Roll-Your-Own | (g) Tax Paid? (Yes/No) |
|---|---|---|---|---|---|---|
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| 1 | Subtotal: This page only | 1 | |
| 2 | Total all other sheets | 2 | |
| 3 | GRAND TOTAL: *Add lines 1 and 2. Enter the amount here* | 3 | |