

Resident Distributor's Certification of No Nonparticipating Manufacturer's Activity
 (In Lieu of Nonparticipating Manufacturer's Schedules)

LEGAL BUSINESS NAME/DBA NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF MONTH YYYY
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As evidenced by my signature below, I _____, do hereby certify
 (print/type your name)
 under penalty of perjury, that during the period of M M D D Y Y Y Y through M M D D Y Y Y Y ,
 the distributor named above:

- 1 DID NOT receive any nonparticipating manufacturer's roll-your-own tobacco required to be reported on Schedule A-2 of **Form 819**. If not checked, *I have engaged in this activity and have completed and submitted Schedule A-2 with **Form 819**.*

- 2 DID NOT pay state excise tax for any nonparticipating manufacturer's roll-your-own tobacco required to be reported on Schedule A-4 of **Form 819**. If not checked, *I have engaged in this activity and have completed and submitted Schedule A-4 with **Form 819**.*

- 3 DID NOT export any nonparticipating manufacturer's roll-your-own tobacco required to be reported on Schedule C-2 of **Form 819**. If not checked, *I have engaged in this activity and have completed and submitted Schedule C-2 with **Form 819**.*

- 4 DID NOT receive or affix the excise tax stamp of the State of Arizona to any cigarettes in packages of 20 or 25 required to be reported on Schedules A-2 and A-4 of **Forms 800-20 and 800-25**. If not checked, *I have engaged in this activity and have completed and submitted Schedules A-2 and A-4 with **Forms 800-20 and 800-25**.*

SIGNATURE:
 (Must be signed to be considered complete.)

► _____
 TAXPAYER'S AUTHORIZED AGENT'S SIGNATURE

 TITLE

 DATE