

Legal Business Name					Tobacco License No.:		Taxpayer I.D. No.:	
Business (or dba) Name					Period Beginning:		Period Ending:	
Mailing Address <input type="checkbox"/> NEW					City	State	Zip	
Business Location Address <input type="checkbox"/> NEW					City	State	Zip	
Name of Contact Person <input type="checkbox"/> NEW					Telephone No. (with area code) <input type="checkbox"/> NEW			
E-mail Address <input type="checkbox"/> NEW					Fax No. (with area code) <input type="checkbox"/> NEW			

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM
 80 RCVD

Read instructions on next page.

SALES TO INDIAN RESERVATIONS WITH OFFSETTING TRIBAL TAX					
(A)	(B)	(C)	(D)	(E)	(F)
REGISTRATION NO. / NAME	INVOICE DATE	INVOICE NUMBER	NO. OF STAMPED PACKAGES	TAX RATE	REBATE DUE
1				\$	\$
2				\$	\$
3				\$	\$
4				\$	\$
5				\$	\$
6				\$	\$
7				\$	\$
8				\$	\$
9	Total			9	\$
10	Less Purchase Discount (2% of face value). If licensed distributor has received a discount of greater than 2%, please contact the Luxury Tax Section at (602) 716-7808.....			10	\$
11	TOTAL AMOUNT OF REBATE DUE			11	\$

I hereby certify that the above-listed packages of cigarettes were sold to retailers that reside on a reservation that has imposed an offsetting tobacco tax. Therefore, I am requesting a rebate for the packages of cigarettes that had the red tax stamp affixed to them. I have attached a copy of the invoice for all sales.

PLEASE SIGN HERE

→ _____
LICENSEE AUTHORIZED AGENT'S SIGNATURE DATE TITLE

→ _____
PREPARER'S SIGNATURE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PREPARER'S TIN DATE PREPARER'S ADDRESS

Please mail to: Arizona Department of Revenue, Tobacco Tax, PO Box 29019, Phoenix, AZ 85038-9019

Arizona Form 840-A

GENERAL INSTRUCTIONS:

You must file this form to receive a rebate for cigarette taxes paid.

Prepare this form for each rebate. File the original with the Arizona Department of Revenue. Retain a copy of the form with all substantiating documentation for at least four years, subject to inspection by the Department.

You must attach a copy of all applicable invoices of sale to this form.

You must provide your taxpayer identification number on the form. A taxpayer identification number is either your Federal Employer Identification Number (EIN) or your Social Security Number (SSN), if you are a sole proprietor with no employees.

The Licensee or Authorized Agent must sign the form.

If you pay a preparer to complete the form, the preparer must sign the form and include his or her identification number.

SPECIFIC INSTRUCTIONS:

Lines 1 through 8, Columns A through D: Enter the registration number, name, invoice date, invoice number, and the number of stamped packages for each sale on a reservation with an offsetting tribal tax. List packages of 20 cigarettes and packages of 25 cigarettes on separate lines.

Lines 1 through 8, Column E: Enter the appropriate tax rate for each package of cigarettes listed in column D for which a rebate is being requested (up to \$1.00 for packages of 20 cigarettes and up to \$1.25 for packages of 25 cigarettes).

Lines 1 through 8, Column F: Multiply the number of stamped packages in column D by the tax rates in column E to calculate the amount of rebate due.

Line 9: Add the amounts on lines 1 through 8 in column F. Enter the total amount here.