



**Arizona Form
805**

Reservation Retailer's Monthly Report

This return must be filed with the Arizona Department of Revenue no later than the 20th day of the 1st month following the month for which this return is made.

Registered Retailer – Name			
Mailing Address			<input type="checkbox"/> NEW
City	State	ZIP Code	
Business Location Address			<input type="checkbox"/> NEW
City	State	ZIP Code	
Name of Contact Person		<input type="checkbox"/> NEW	Telephone No. <input type="checkbox"/> NEW
E-mail Address		<input type="checkbox"/> NEW	Fax No. <input type="checkbox"/> NEW

Registration Number:	Taxpayer I.D. Number:
Period Beginning: MMDDYYYY	Period Ending: MMDDYYYY
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
88	
81 PM	80 RCVD

See instructions on reverse side.

1	Total number of packs of cigarettes sold	1		
2	Total number of packs of cigarettes sold to enrolled members of the tribe	2		
3	Total sales in dollars of other tobacco products	3	\$	00
4	Percentage of sales of other tobacco products to enrolled members of the tribe	4		%

<p>Declaration of preparer (other than retailer) is based on all information of which preparer has any knowledge.</p> <p>→ _____ PREPARER'S SIGNATURE</p> <p>PREPARER'S TIN _____ DATE _____</p>	<p>I have read this report 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.</p> <p>→ _____ RETAILER'S SIGNATURE</p> <p>TITLE _____ DATE _____</p>
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**MAIL TO: Arizona Department of Revenue
Tobacco Tax Section
PO Box 29019
Phoenix, AZ 85038-9019**

AZ FORM 805

GENERAL INSTRUCTIONS:

You must file this report if you are a registered retailer on a reservation selling cigarettes in the State of Arizona.

You must file this report monthly on or before the 20th day after the month the sales were made.

Prepare this report for each month regardless of whether or not any sales were made. File the original with the Arizona Department of Revenue. Retain a copy of the return with all substantiating documentation for at least four years subject to inspection by the Department.

You must provide your registration number.

You must provide your identification number on the return. An identification number is either your Federal Employer Identification Number (FEIN) or your Social Security Number (SSN) if you are a sole proprietor with no employees.

The holder of the registration or the authorized agent must sign the form.

SPECIFIC INSTRUCTIONS:

Line 1: Enter the total number of packs of cigarettes sold during the month.

Line 2: Enter the number of packs of cigarettes that were sold to enrolled members of the tribe during the month.

Line 3: Enter the total dollar amount of sales of other tobacco products during the month.

Line 4: Enter the percentage of sales of other tobacco products to enrolled members of the tribe during the month.