

**ARIZONA FORM
819NR**

**Nonresident Distributor's Monthly Return of Cigars and
Tobacco Products Sold
(For Nonresident Licensed Distributors)**

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) 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. | | | |

Please read the instructions before completing this form.

| | | |
|---|-----------|--|
| 1 Total tax on tobacco products sold: Enter the amount shown on Schedule A, line 5..... | 1 | |
| Deductions: | | |
| 2 Sold to non-offset Indian reservations: Enter the amount on Schedule B-1, line 12... | 2 | |
| 3 Sold on self-collecting offset Indian reservations: | | |
| 3a Enter the amount shown on Schedule B-2, line 7..... | 3a | |
| 3b Enter the amount shown on Schedule B-3, line 7..... | 3b | |
| 3c Total: Add lines 3a and 3b..... | 3c | |
| 4 Sold on ADOR-collected offset Indian reservations: | | |
| 4a Enter the amount shown on Schedule B-4 line 3..... | 4a | |
| 4b Enter the amount shown on Schedule B-5, line 12..... | 4b | |
| 4c Total: Add lines 4a and 4b..... | 4c | |
| 5 Sold to Arizona licensed distributors (who will pay the tax). Enter the amount shown on Schedule C-3, line 5..... | 5 | |
| 6 Returned by retailers: Enter the amount shown on Schedule D, line 5..... | 6 | |
| 7 Sold to military installations..... | 7 | |
| 8 Total Deductions: Add lines 2, 3c, 4c, 5, 6 and 7..... | 8 | |
| 9 TOTAL TAX DUE: Subtract line 8 from line 1..... | 9 | |

| | | |
|-------------------------|--|---|
| PLEASE SIGN HERE | 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