

Schedule A-3
 Participating Manufacturer's Roll-Your-Own Tobacco Sold in Arizona

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF MONTH YYYY
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Please see definitions and instructions before completing this form. Please provide the following information with respect to all Participating Manufacturer's roll-your-own tobacco on which you paid state excise taxes. 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.

PARTICIPATING MANUFACTURER'S BRANDS:			
(a) Participating Manufacturer's Name	(b) Name and Address of Who the Product was Sold To	(c) Brand Family	(d) Quantity in Ounces
TOTAL			

Nonparticipating Manufacturer's Roll-Your-Own Tobacco Sold in Arizona

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF MONTH YYYY
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Please see definitions and instructions before completing this form. Please provide the following information with respect to all Nonparticipating Manufacturer's (NPM) roll-your-own tobacco on which you paid state excise taxes. 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 Nonresident Distributor's Certification of No Nonparticipating Manufacturer's Activity.*

NONPARTICIPATING MANUFACTURER'S BRANDS:					
(a) Nonparticipating Manufacturer's Name and Address	(b) Name and Address of Who the Product Was Sold To	(c) Invoice <i>from sale listed in column (b)</i>		(d) Brand Family	(e) Quantity in Ounces
		Date	Number		
TOTAL					