

**Nonresident 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 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 pay state excise taxes on any nonparticipating manufacturer's roll-your-own tobacco required to be reported on Schedule A-4 of **Form 819NR**. If not checked, *submit Schedule A-4 with **Form 819NR***.
  
- 2  DID NOT affix the excise tax stamp of the State of Arizona to or otherwise pay state excise taxes for any nonparticipating manufacturer's cigarettes required to be reported on Schedule A-4 of **Form 800NR**. If not checked, *submit Schedule A-4 with **Form 800NR***.

**NOTE:**

- Distributors who do not submit **Form 819NR** must still check box 1 regarding nonparticipating manufacturers roll-your-own activity.
- Distributors who do not submit **Form 800NR** must still check box 2 regarding nonparticipating manufacturers cigarette activity.

**SIGNATURE:**

*(Must be signed to be considered complete.)*

▶ \_\_\_\_\_  
 TAXPAYER'S AUTHORIZED AGENT'S SIGNATURE

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE