
INSTRUCTIONS — RESIDENT DISTRIBUTOR’S CERTIFICATION

The “Resident Distributor’s Certification” requires you to identify (under penalty of perjury) whether you conducted any of the following activities:

- Affixing the excise tax stamp of the State of Arizona to (or otherwise paying Arizona excise tax for) any Non-Participating Manufacturer’s cigarettes. Such activity must be identified on Schedule A-6 of this return.
- Receiving unstamped Non-Participating Manufacturer’s cigarettes. Such activity must be identified on Schedule A-2 of this return.
- Exporting Non-Participating Manufacturer’s cigarettes. Such activity must be identified on Schedule C-2 of this return.
- Receiving (or paying the excise tax on) Non-Participating Manufacturer’s Roll-Your-Own Tobacco. Such activity must be identified on Schedules A-2 and A-4 of Form 819.

IMPORTANT

The “Resident Distributor’s Certification” is part of this return and must be completed each month regardless of whether you have conducted any tobacco distributor activity during the month.

Failure to complete the “Resident Distributor’s Certification” may result in your return being rejected as incomplete.

Resident Distributor's Certification

LEGAL BUSINESS NAME/DBA NAME	TOBACCO LICENSE NO.	FOR TAX REPORTING PERIOD M M Y Y Y Y
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As evidenced by my signature below, I _____, do hereby
(print/type name)

certify under penalty of perjury that during the period shown above, the distributor named above:

1 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-6 of **Form 800**.

OR

*HAS engaged in this activity and has completed and submitted Schedule A-6 with **Form 800**.*

2 DID NOT receive any nonparticipating manufacturer's cigarettes required to be reported on Schedule A-2 of **Form 800**.

OR

*HAS engaged in this activity and has completed and submitted Schedule A-2 with **Form 800**.*

3 DID NOT export any nonparticipating manufacturer's cigarettes required to be reported on Schedule C-2 of **Form 800**.

OR

*HAS engaged in this activity and has completed and submitted Schedule C-2 with **Form 800**.*

4 DID NOT receive or pay the excise tax on nonparticipating manufacturer's roll-your-own tobacco required to be reported on Schedules A-2 and A-4 of **Form 819**.

OR

*HAS engaged in this activity and has completed and submitted Schedules A-2 and A-4 with **Form 819**.*

SIGNATURE (Must be signed to be considered complete):

TAXPAYER'S OR AUTHORIZED AGENT'S SIGNATURE

DATE

TITLE