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**INSTRUCTIONS — NON-RESIDENT DISTRIBUTOR'S CERTIFICATION**

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The “Non-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.
- Paying the excise tax on Non-Participating Manufacturer’s Roll-Your-Own Tobacco. Such activity must be identified on Schedule A-4 of Form 819NR.

**IMPORTANT**

***The “Non-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 “Non-Resident Distributor’s Certification” may result in your return being rejected as incomplete.

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 800NR**.

**OR**

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

2  DID NOT pay state excise taxes on nonparticipating manufacturer's roll-your-own tobacco required to be reported on Schedule A-4 of **Form 819NR**.

**OR**

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

**SIGNATURE** (Must be signed to be considered complete):

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE