

This return is due the 20th day of the month following the reporting period.
Please read the instructions before completing this form.

Amended Return Final Return (*CANCEL LICENSE*)

Legal Business Name				
Business (or dba) Name				
Mailing Address	<input type="checkbox"/> NEW	City	State	Zip
Business Location Address	<input type="checkbox"/> NEW	City	State	Zip
Name of Contact Person	<input type="checkbox"/> NEW	Telephone No. (with area code)		<input type="checkbox"/> NEW
E-mail Address	<input type="checkbox"/> NEW	Fax No. (with area code)		<input type="checkbox"/> NEW

Tobacco License No.:	Taxpayer I.D. No.:
Period Beginning: MMDDYYYY	Period Ending: MMDDYYYY
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
88	
81 PM	80 RCVD

UNSTAMPED CIGARETTE INVENTORY

		Packs of 20
1	Beginning inventory - unstamped packages (Inventory Schedules 1 and 2, Column [c]).....	1
2	Additions: Received during month (Schedule A1, A2 and Schedule F)	2
3	Total unstamped packages <i>Add lines 1 and 2</i>	3
4	Deductions:	
a	Unstamped product exported from state (Schedule C-1 and/or Schedule C-2).....	4a
b	Stamped other states (stamped inventory below or Schedule C-1 and/or Schedule C-2).....	4b
c	Unstamped product sold to other Arizona licensed distributors (Schedule E-1 and/or Schedule E-2)	4c
d	Ending inventory - unstamped packages	4d
5	Total deductions: <i>Add lines 4a, 4b, 4c and 4d</i>	5
6	Total packages required to be Arizona stamped: <i>Subtract line 5 from line 3</i>	6

STAMP INVENTORY (ARIZONA ONLY)

		Blue	Red	Green	Total
7	Beginning inventory - stamps on hand.....				7
8	Stamps purchased during month				8
9	Total stamps available. <i>Add lines 7 and 8</i>				9
10	Deductions				
a	Stamps spoiled.....				10a
b	Ending inventory - stamps on hand.....				10b
11	Total deductions: <i>Add lines 10a and 10b</i>				11
12	Total stamps affixed during month: <i>Subtract line 11 from line 9</i>				12

NOTE: If line 6 does not equal the amount on line 12, attach an explanation of the difference to the back of this report.

STAMPED CIGARETTE INVENTORY

		AZ Blue	AZ Red	AZ Green	AZ Total	Other States
13	Beginning inventory - packs on hand.....					
14	Adjustments: (additions or subtractions).....					
15	Ending inventory					

PENALTY

16 Penalty for late filing or incomplete filing (*see instructions*) 16 \$ 00

PLEASE SIGN HERE	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	→	TAXPAYER'S OR AUTHORIZED AGENT'S SIGNATURE	DATE	TITLE
	→	PREPARER'S SIGNATURE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)	
		PREPARER'S TIN	DATE	PREPARER'S ADDRESS

Please mail to: Arizona Department of Revenue, Tobacco Tax, PO Box 29019, Phoenix, AZ 85038-9019

