

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:

- Receiving a Non-Participating Manufacturer’s Roll-Your-Own Tobacco. Such activity must be identified on Schedule A-2 of this return.
- Paying the Arizona excise tax for any Non-Participating Manufacturer’s Roll-Your-Own Tobacco. Such activity must be identified on Schedule A-4 of this return.
- Exporting a Non-Participating Manufacturer’s Roll-Your-Own Tobacco. Such activity must be identified on Schedule C-2 of this return.
- Receiving (or affixing the excise tax stamp of the State of Arizona to) a Non-Participating Manufacturer’s Cigarettes. Such activity must be identified on Schedules A-2 and A-6 of Form 800.

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 receive any nonparticipating manufacturer's *roll-your-own tobacco* required to be reported on Schedule A-2 of **Form 819**.

OR

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

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

OR

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

3 DID NOT export any nonparticipating manufacturer's *roll-your-own tobacco* required to be reported on Schedule C-2 of **Form 819**.

OR

*HAS engaged in this activity and has completed and submitted Schedule C-2 with **Form 819**.*

4 DID NOT receive or affix the excise tax stamp of the State of Arizona to any *cigarettes* required to be reported on Schedules A-2 and A-6 of **Form 800**.

OR

*HAS engaged in this activity and has completed and submitted Schedules A-2 and A-6 with **Form 800**.*

SIGNATURE (Must be signed to be considered complete):

TAXPAYER'S OR AUTHORIZED AGENT'S SIGNATURE

DATE

TITLE