

Arizona Form 840-C

GENERAL INSTRUCTIONS:

You must file this form to receive a refund for taxes paid on other tobacco products. You must **attach a copy of all applicable invoices** of sale and credit memos to this form.

File the original with the Arizona Department of Revenue. Retain a copy of the form with all substantiating documentation for at least four years, subject to inspection by the department.

You must provide your Federal Employer Identification Number (FEIN) on the form. If you are a sole proprietor with no employees, **DO NOT** enter your social security number. Instead, contact the department's Luxury Tax Unit at 602-716-7808.

The Licensee or Authorized Agent must sign the form.

If you pay a preparer to complete the form, the preparer must sign the form and include his or her identification number.

SPECIFIC INSTRUCTIONS:

Lines 1 through 8, Columns A through E: Enter the name, invoice date, invoice number, the type of product and quantity of returned product. Identify different types of products on separate lines.

Continuation Page: Use the continuation page if additional space is needed.

Legal Business Name				
Business (or dba) Name				
Mailing Address	<input type="checkbox"/> NEW	City	State	ZIP Code
Business Location Address	<input type="checkbox"/> NEW	City	State	ZIP Code
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.	FEIN
Month	Year
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
88	
81 PM	80 RCVD

- ☑ **Read instructions before completing this form.**
- ☑ **All invoices and credit memos must accompany this form.**

RETURNS BY A DISTRIBUTOR

	(A) NAME	(B) INVOICE DATE	(C) INVOICE NUMBER	(D) TYPE OF PRODUCT	(E) QUANTITY
1		MM DD YY			
2		MM DD YY			
3		MM DD YY			
4		MM DD YY			
5		MM DD YY			
6		MM DD YY			
7		MM DD YY			
8		MM DD YY			
9		MM DD YY			
10		MM DD YY			
11		MM DD YY			
12		MM DD YY			
13		MM DD YY			
14		MM DD YY			
15		MM DD YY			

PLEASE SIGN HERE

I have read this claim 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.

→ LICENSEE 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

**Affidavit for Refund of Taxes Paid for the Returns by a Distributor
of Other Tobacco Products (Continuation Page)**

RETURNS BY A DISTRIBUTOR

	(A) NAME	(B) INVOICE DATE	(C) INVOICE NUMBER	(D) TYPE OF PRODUCT	(E) QUANTITY
16		MM DD YY			
17		MM DD YY			
18		MM DD YY			
19		MM DD YY			
20		MM DD YY			
21		MM DD YY			
22		MM DD YY			
23		MM DD YY			
24		MM DD YY			
25		MM DD YY			
26		MM DD YY			
27		MM DD YY			
28		MM DD YY			
29		MM DD YY			
30		MM DD YY			
31		MM DD YY			
32		MM DD YY			
33		MM DD YY			
34		MM DD YY			
35		MM DD YY			
36		MM DD YY			
37		MM DD YY			
38		MM DD YY			
39		MM DD YY			
40		MM DD YY			
41		MM DD YY			
42		MM DD YY			
43		MM DD YY			
44		MM DD YY			
45		MM DD YY			
46		MM DD YY			
47		MM DD YY			
48		MM DD YY			
49		MM DD YY			
50		MM DD YY			