ARIZONA FORM
819NR

Nonresident Distributor's Monthly Return of Cigars and Tobacco Products Sold
(For Nonresident Licensed Distributors)

TAX RECOVERY

This return must be filed with the Arizona Department of Revenue not later than the 20th day of the 1st month following the month for which this return is made.

TOBACCO LICENSE NO.	TAXPAYER ID (EIN OR SSN)	**FOR THE MONTH OF** *(enter full month and 4-digit year)* MONTH YYYY

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME
MAILING ADDRESS ☐ *Check if new.*	ADDRESS OF BUSINESS LOCATION ☐ *Check if new.*
CITY STATE ZIP	CITY STATE ZIP
NAME OF CONTACT PERSON ☐ *Check if new.*	TELEPHONE NUMBER WITH AREA CODE ☐ *Check if new.*
E-MAIL ADDRESS ☐ *Check if new.*	FAX NUMBER WITH AREA CODE ☐ *Check if new.*

See Rates and Instructions beginning on page 13.

1 Total tax on tobacco products sold: *Enter the amount shown on Schedule A, line 5* ..... **1** $

Deductions:

2 Sold to non-offset Indian reservations: *Enter the amount on Schedule B-1, line 11* ... **2** $

3 Sold on self-collecting offset Indian reservations:
- **3a** *Enter the amount shown on Schedule B-2, line 7* ..... **3a** $
- **3b** *Enter the amount shown on Schedule B-3, line 7* ..... **3b** $
- **3c** Total: *Add lines 3a and 3b* ..... **3c** $

4 Sold on ADOR-collected offset Indian reservations:
- **4a** *Enter the amount shown on Schedule B-4 line 3* ..... **4a** $
- **4b** *Enter the amount shown on Schedule B-5, line 11* ..... **4b** $
- **4c** Total: *Add lines 4a and 4b* ..... **4c** $

5 Sold to Arizona licensed distributors (who will pay the tax). *Enter the amount shown on Schedule C-3, line 5* ..... **5** $

6 Returned by retailers: *Enter the amount shown on Schedule D, line 5*..... **6** $

7 Sold to military installations ..... **7** $

8 **Total Deductions**: *Add lines 2, 3c, 4c, 5, 6 and 7.* ..... **8** $

9 **TOTAL TAX DUE:** *Subtract line 8 from line 1* ..... **9** $

PLEASE SIGN HERE

Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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 correct and complete.

➔ PREPARER'S SIGNATURE

➔ TAXPAYER'S OR AUTHORIZED AGENT'S SIGNATURE

PREPARER'S TIN DATE

TITLE DATE

MAIL TO: Arizona Department of Revenue
Tobacco Tax Section, 1600 West Monroe, Phoenix, AZ 85007