

ARIZONA FORM
819

Distributor's Monthly Return of Cigars and Tobacco Products Received

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				ADDRESS OF BUSINESS LOCATION				
CITY STATE ZIP <input type="checkbox"/> Check if new.				CITY STATE ZIP <input type="checkbox"/> Check if new.				
NAME OF CONTACT PERSON <input type="checkbox"/> Check if new.				TELEPHONE NUMBER WITH AREA CODE <input type="checkbox"/> Check if new.				
E-MAIL ADDRESS <input type="checkbox"/> Check if new.				FAX NUMBER WITH AREA CODE <input type="checkbox"/> Check if new.				

See Rates and Instructions beginning on page 18.

1 Total tax on tobacco products received: Enter the amount shown on Schedule A, line 5	1	
Deductions:		
2 Sold on 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 Exported from the state: Enter the amount shown on Schedule C, line 5	5	
6 Returned to suppliers: Enter the amount shown on Schedule D, line 5	6	
7 Purchased tax paid from other Arizona licensed distributors (from Schedule E, line 5).	7	
8 Sold to military installations	8	
9 Total Deductions: Add lines 2, 3c, 4c, 5, 6, 7 and 8	9	
10 TOTAL TAX DUE: Subtract line 9 from line 1	10	

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