AZ FORM 819

Schedule A

TAX RECOVERY

Purchases of Cigars and/or Tobacco Products Received in Arizona During the Month

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
			MONTH YYYY

Complete using the total rate of tax. Please see instructions beginning on page 19. If product received in columns (g) or (h) constitutes "roll-your-own" per the definition on page 19, enter both here and on either Schedule A-1, if from a Participating Manufacturer, or Schedule A-2 if from a nonparticipating manufacturer.

(a) Name of Supplier	(b) Date Received	(c) Invoice Date	(c) Invoice Number	(d) No. of Small Cigars Received Weighing not more than 3 lbs/1000	(e) No. of Cigars Received Selling for $.05 or Less	(f) No. of Cigars Received Selling for More than $.05	(g) No. of Ounces Received of Smoking Tobacco, Snuff, Fine Cut Chewing, etc.	(h) No. of Ounces Received of Cavendish, Plug or Twist
1. Total this sheet								
2. Total all sheets								
3. Total received this month								
TOTAL RATES				**× $.263 per 20**	**× $.130 per 3**	**× $.130 each**	**× $.133 per oz.**	**× $.033 per oz.**
4. Net taxes this month				$	$	$	$	$
5. **Total Tax This Month** (sum of net taxes). *Enter here and on page 1, line 1.*								**$**

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AZ FORM 819

Schedule A-1

TAX RECOVERY

Participating Manufacturer's Roll-Your-Own Tobacco Received in Arizona

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
			MONTH YYYY

Please see definitions and instructions beginning on page 19. Please provide the following information with respect to all Participating Manufacturer's roll-your-own tobacco that you received in this state regardless of whether such tobacco was subsequently exported. A list of Participating Manufacturers, and their brands authorized for sale in Arizona, is maintained and updated at the Arizona Attorney General's web site, **www.azag.gov**.

PARTICIPATING MANUFACTURER'S BRANDS:

(a) Participating Manufacturer's Name	(b) Name and Address of Person(s) from Whom Purchased (if other than the participating manufacturer)	(c) Invoice		(d) Brand Family	(e) Quantity in Ounces
		Date	Number		
TOTAL.....					

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AZ FORM 819

Schedule A-2

TAX RECOVERY

Nonparticipating Manufacturer's Roll-Your-Own Tobacco Received in Arizona

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
			MONTH YYYY

Please see definitions and instructions beginning on page 19. Please provide the following information with respect to all Nonparticipating Manufacturer's (NPM) roll-your-own tobacco that you received in this state regardless of whether such tobacco was subsequently exported. A list of Nonparticipating Manufacturers, and their brands authorized for sale in Arizona, is maintained and updated at the Arizona Attorney General's web site, **www.azag.gov**. If you have had no NPM activity during the month above, *complete and submit the Resident Distributor's Certi cation of No Nonparticipating Manufacturer's Activity, page 17.*

NONPARTICIPATING MANUFACTURER'S BRANDS:

(a) Nonparticipating Manufacturer's Name and Address	(b) Name and Address of Person(s) from Whom Purchased	(c) Invoice Date	(c) Invoice Number	(d) Brand Family	(e) Quantity in Ounces
TOTAL.....					

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Schedule A-3

TAX RECOVERY

Participating Manufacturer's Roll-Your-Own Tobacco On Which Arizona Tax is Being Paid

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
			MONTH YYYY

Please see definitions and instructions beginning on page 19. Please provide the following information with respect to all Participating Manufacturer's roll-your-own tobacco on which you paid state excise taxes. A list of Participating Manufacturers, and their brands authorized for sale in Arizona, is maintained and updated at the Arizona Attorney General's web site, **www.azag.gov**.

PARTICIPATING MANUFACTURER'S BRANDS:

(a) Participating Manufacturer's Name	(b) Name and Address of Person(s) from Whom Purchased (if other than the participating manufacturer)	(c) Brand Family	(d) Quantity in Ounces
TOTAL.....			

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Schedule A-4

TAX RECOVERY

Nonparticipating Manufacturer's Roll-Your-Own Tobacco On Which Arizona Tax is Being Paid

LEGAL BUSINESS NAME	BUSINESS (OR DBA) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
			MONTH YYYY

Please see definitions and instructions beginning on page 19. Please provide the following information with respect to all Nonparticipating Manufacturer's (NPM) roll-your-own tobacco on which you paid state excise taxes. A list of Nonparticipating Manufacturers, and their brands authorized for sale in Arizona, is maintained and updated at the Arizona Attorney General's web site, **www.azag.gov**. If you have had no NPM activity during the month above, *complete and submit the Resident Distributor's Certi cation of No Nonparticipating Manufacturer's Activity, page 17.*

NONPARTICIPATING MANUFACTURER'S BRANDS:

(a) Nonparticipating Manufacturer's Name and Address	(b) Name and Address of Person(s) from Whom Purchased	(c) Invoice Date	(c) Invoice Number	(d) Brand Family	(e) Quantity in Ounces
TOTAL.....					

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