Resident Distributor's Certification of No Nonparticipating Manufacturer's Activity

(In Lieu of Nonparticipating Manufacturer's Schedules)

LEGAL BUSINESS NAME/DBA NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
		MONTH YYYY

As evidenced by my signature below, I _____, do hereby certify
(print/type your name)

under penalty of perjury, that during the period of MMDDYYYY through MMDDYYYY,

the distributor named above:

1 ☐ DID NOT receive any nonparticipating manufacturer's cigarettes in packages of 20 required to be reported on Schedule A-2 of **Form 800-20**. If not checked, *I have engaged in this activity and have completed and submitted Schedule A-2 with **Form 800-20**.*

2 ☐ DID NOT affix the excise tax stamp of the State of Arizona to or otherwise pay state excise taxes for any nonparticipating manufacturer's cigarettes in packages of 20 required to be reported on Schedule A-4 of **Form 800-20**. If not checked, *I have engaged in this activity and have completed and submitted Schedule A-4 with **Form 800-20**.*

3 ☐ DID NOT export any nonparticipating manufacturer's cigarettes in packages of 20 required to be reported on Schedule C-2 of **Form 800-20.** If not checked, *I have engaged in this activity and have completed and submitted Schedule C-2 with **Form 800-20**.*

4 ☐ DID NOT receive or pay the excise tax on nonparticipating manufacturer's roll-your-own tobacco required to be reported on Schedules A-2 and A-4 of **Form 819**. If not checked, *I have engaged in this activity and have completed and submitted Schedules A-2 and A-4 with **Form 819**.*

SIGNATURE:

(Must be signed to be considered complete.)

► _____
TAXPAYER'S AUTHORIZED AGENT'S SIGNATURE

_____
TITLE

_____
DATE

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