

ARIZONA FORM

800-25

Cigarette Distributor's Monthly Return

Luxury Tax

This return must be filed with the Arizona Department of Revenue not later than the 25th 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 (full month and 4-digit year) MONTH YYYY		
LEGAL BUSINESS NAME				BUSINESS (or DBA) NAME				
MAILING ADDRESS				ADDRESS OF BUSINESS LOCATION				
<input type="checkbox"/> Check if new.				<input type="checkbox"/> Check if new.				
CITY	STATE	ZIP	CITY	STATE	ZIP			
NAME OF CONTACT PERSON				TELEPHONE NUMBER (with area code)				
<input type="checkbox"/> Check if new.				<input type="checkbox"/> Check if new.				
E-MAIL ADDRESS				FAX NUMBER (with area code)				
<input type="checkbox"/> Check if new.				<input type="checkbox"/> Check if new.				

Please read the instructions beginning on page 18.

UNSTAMPED CIGARETTE INVENTORY

1. Beginning inventory - unstamped packages (Inventory Schedules 1 and 2, Column [c]).....
2. Additions: Received during month (Schedule A1, A2 and Schedule F).....
3. Total unstamped packages.....
4. Deductions:
 - a. Unstamped product exported from state (Schedule C-1 and/or Schedule C-2).....
 - b. Stamped other states (stamped inventory below or Schedule C-1 and/or Schedule C-2).....
 - c. Unstamped product sold to other Arizona licensed distributors (Schedule E-1 and/or Schedule E-2).....
 - d. Ending inventory - unstamped packages.....
5. Total deductions: *Add lines 4a, 4b and 4c*.....
6. Total packages required to be Arizona stamped: *Subtract line 5 from line 3*.....

Packs of 25

STAMP INVENTORY (ARIZONA ONLY)

7. Beginning inventory - stamps on hand.....
8. Stamps purchased during month.....
9. Total stamps available.....
10. Deductions
 - a. Stamps spoiled.....
 - b. Ending inventory - stamps on hand.....
11. Total deductions: *Add lines 10a and 10b*.....
12. Total stamps affixed during month: *Subtract line 11 from line 9*.....

Blue	Red	Green	Total

NOTE: If line 6 does not equal the amount on line 12, attach an explanation of the difference to the back of this report.

STAMPED CIGARETTE INVENTORY

13. Beginning inventory - packs on hand.....
14. Adjustments: (additions or subtractions).....
15. Ending inventory.....

Arizona Blue	Arizona Red	Arizona Green	Arizona Total	Other States

PLEASE SIGN HERE	I have read this return 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.		
	→ _____ TAXPAYER'S OR 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, 1600 West Monroe, Phoenix, AZ 85007

