

Nonresident 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 PERIOD OF MMDDYYYY to MMDDYYYY
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As evidenced by my signature below, I _____, do hereby certify
(print/type name)

under penalty of perjury, that during the period shown above, the distributor named above:

- 1 DID NOT pay state excise taxes on any nonparticipating manufacturer's roll-your-own tobacco required to be reported on Schedule A-4 of **Form 819NR**. If not checked, *I have engaged in this activity and have completed and submitted Schedule A-4 with **Form 819NR**.*

- 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 required to be reported on Schedule A-4 of **Form 800NR**. If not checked, *I have engaged in this activity and have completed and submitted Schedule A-4 with **Form 800NR**.*

SIGNATURE: (Must be signed to be considered complete.)

➔ _____
TAXPAYER'S AUTHORIZED AGENT'S SIGNATURE

TITLE

DATE