

ARIZONA FORM

819

**Distributor's Monthly Return of Cigars and
Tobacco Products Received – Checklist**

Please print and use the checklist below to help you be certain that you have completed **all** sections of Arizona Form 819. You **must** complete the “Resident Distributor’s Certification of No Nonparticipating Manufacturer’s Activity” **even if you had no activity** for the reporting period.

- Page 1
- Schedule A
- Schedule A-1
- Schedule A-2
- Schedule A-3
- Schedule A-4
- Schedule B-1
- Schedule B-2
- Schedule B-3
- Schedule B-4
- Schedule B-5
- Schedule C
- Schedule C-1
- Schedule C-2
- Schedule D
- Schedule E-1
- Schedule E-2
- Certificate of No Nonparticipating Manufacturer’s Activity (*required*)

Please do not submit this checklist with your completed return.