YELLOW fields are Read-Only. You cannot enter data in these fields; they are calculated as you fill in the form.

AZ FORM 819

Schedule A

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

SCHEDULE A
Sheet ___ of ___
TAX RECOVERY

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 before completing this form. If product received in columns (g) or (h) constitutes "roll-your-own" per the definition found in the *Definitions* section of the instructions, 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	1					
2 Total all other sheets	2					
3 Total received this month: *For each column, add line 1 and line 2*	3					
TOTAL RATES		× $.441 per 20	× $.218 per 3	× $.218 each	× $.223 per oz.	× $.055 per oz.
4 Net taxes this month: *See instructions*	4	$	$	$	$	$
5 Total Tax This Month: *Add the amounts in columns d, e, f, g, and h of line 4. Enter here and on page 1, line 1*	5					$ 0.00

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Schedule A-1

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

TAX RECOVERY

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

Please see definitions and instructions before completing this form. 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 Date	(c) Invoice Number	(d) Brand Family	(e) Quantity in Ounces

TOTAL.....

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AZ FORM 819

Schedule A-2

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

SCHEDULE A-2
Sheet ___ of ___
TAX RECOVERY

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

Please see definitions and instructions before completing this form. 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 Certification of No Nonparticipating Manufacturer's Activity.*

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

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 before completing this form. 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

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

TAX RECOVERY

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

Please see definitions and instructions before completing this form. 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 Certification of No Nonparticipating Manufacturer's Activity.*

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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