Arizona Department of Revenue • Tobacco Tax

PACT Act Statement

(15 U.S.C. 376(a)(1))

Federal law requires filing of this form by any person who intends to sell, transport, or ship cigarettes or smoking tobacco into Arizona (or who advertises or offers to do so) from outside the state, from Indian country, or from within Arizona if passing through points outside the state or in Indian country. This form must be filed before any such sale or transfer. The Arizona Department of Revenue will not consider this statement properly filed unless all of the requested information is accurately and completely provided.

SELLER'S INFORMATION

Name of Seller		
Trade Name (*if applicable*)		
Principle Place of Business - Address	Phone Number (*with area code*)	
City	State	Zip Code
Address of any other place of business	Phone Number (*with area code*)	
City	State	Zip Code
Seller's Email Address	Web Site Address	

AUTHORIZED AGENT'S INFORMATION

(*must meet requirements for statutory agents found in A.R.S. Title 10 or 29*)

Name of Authorized Agent		
Address	Phone Number (*with area code*)	
City	State AZ	Zip Code

PLEASE SIGN HERE

Under penalties of perjury, I/we declare that to the best of my/our knowledge and belief, the information in this statement is true, correct and complete.

➔ _____ _____
PRINT YOUR NAME TITLE

➔ _____ _____
YOUR SIGNATURE DATE

Please mail to: **Arizona Department of Revenue, Tobacco Tax, 1600 West Monroe, Phoenix, AZ 85007**

ADOR 11134 (7/10)

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