

**Arizona Form
819**

Distributor's Monthly Return of Cigars and Tobacco Products Received

This return is due the 20th day of the month following the reporting period.

Amended Return Final Return (CANCEL LICENSE)

Legal Business Name				
Business (or dba) Name				
Mailing Address	<input type="checkbox"/> NEW	City	State	Zip
Business Location Address	<input type="checkbox"/> NEW	City	State	Zip
Name of Contact Person	<input type="checkbox"/> NEW	Telephone No. (with area code)		<input type="checkbox"/> NEW
E-mail Address	<input type="checkbox"/> NEW	Fax No. (with area code)		<input type="checkbox"/> NEW

Tobacco License No.:	Taxpayer I.D. No.:
Period Beginning:	Period Ending:
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REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
88

81 PM	80 RCVD
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See Rates and Instructions before completing this form.

1 Total tax on tobacco products received: Enter the amount shown on Schedule A, line 5.....	1	\$
Deductions:		
2 Sold on non-offset Indian reservations: Enter the amount on Schedule B-1, line 12..	2	\$
3 Sold on self-collecting offset Indian reservations:		
3a Enter the amount shown on Schedule B-2, line 7	3a	\$
3b Enter the amount shown on Schedule B-3, line 7	3b	\$
3c Total: Add lines 3a and 3b	3c	\$
4 Sold on ADOR-collected offset Indian reservations:		
4a Enter the amount shown on Schedule B-4 line 3	4a	\$
4b Enter the amount shown on Schedule B-5, line 12	4b	\$
4c Total: Add lines 4a and 4b	4c	\$
5 Exported from the state: Enter the amount shown on Schedule C, line 5.....	5	\$
6 Returned to suppliers: Enter the amount shown on Schedule D, line 5.....	6	\$
7 Purchased tax paid from other Arizona licensed distributors: Enter the amount shown on Schedule E-1, line 5.....	7	\$
8 Sold to Arizona licensed distributors (who will pay the tax): Enter the amount shown on Schedule E-2, line 5.....	8	\$
9 Sold to military installations	9	\$
10 Total Deductions: Add lines 2, 3c, 4c, 5, 6, 7, 8 and 9	10	\$
11 TOTAL TAX DUE: Subtract line 10 from line 1	11	\$

PLEASE SIGN HERE	Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	I have read this claim and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are correct and complete.
	→ _____	→ _____
	PREPARER'S SIGNATURE	TAXPAYER'S OR AUTHORIZED AGENT'S SIGNATURE
	PREPARER'S TIN _____ DATE _____	TITLE _____ DATE _____

Please mail to: Arizona Department of Revenue, Tobacco Tax, PO Box 29019, Phoenix, AZ 85038-9019