

---

**GENERAL INSTRUCTIONS**

---

Complete this form with information specific to the distributor requesting the report. Be sure to provide a complete response to each request for information.

**IMPORTANT:** Return the completed and signed report to the requesting distributor. Do *not* send to the Arizona Department of Revenue.

Use this form to prepare a report that accounts *for all sales of OTP (tobacco products other than cigarettes)* you made in the calendar month. You must keep a copy of the report with all substantiating documentation for at least four years after the date of the reported transactions.

The owner or an authorized agent of your retail business must sign the form.

---

**SPECIFIC INSTRUCTIONS**

---

**Legal Business Name/Business (or dba) Name:** If your business location or retail business has a name that is different from your legal business name, please provide both names on the report.

**Retail Store Location Address:** Provide the physical address of the retail store location for which you are reporting monthly sales.

**TPT License No./Tribal Tax License No./Tribe (if applicable):** If the store location is on tribal land, you should provide the name of the tribe for which the reservation was created and a tribal tax license number if the tribe levies and collects tax from your business. If you hold a TPT license for your business, please provide the license number. It is possible that you may not have a TPT license for your business if it is located on tribal land. If your business is affiliated with a tribe, or is owned in whole or in part by a tribal member, provide the name of the tribe with which the retailer is affiliated.

**Transaction Detail:** Identify the product by specifying the manufacturer, brand, product type (e.g., cigars, large cigars, RYO, pipe tobacco, chewing tobacco), and number of units **as packaged by the manufacturer** (i.e., the number of ounces or number of cigars in one package/container). Next, specify the **total quantity** sold in the reported month, separated by members and nonmembers of the tribe on whose tribal land your retail store location operates. Lastly, report the invoice numbers on the invoices corresponding to the products sold.

**Name of Distributor:** Provide the name of the distributor that requested the report and supplied the tobacco products reported on the form.

A second "Continuation Page" has been provided for you to list additional OTP sold. Additional copies of this page can be attached as needed.

*Read the instructions before completing this report.*

**Sheet 1 of \_\_\_\_\_**

Legal Business Name			TPT License No. (if applicable)			For the Month of: MONTH YEAR	
Business (or dba) Name						Tribal Tax License No. (if applicable)	
Retail Store Location Address <input type="checkbox"/> NEW			City	State	ZIP Code	Tribal Affiliation of Retailer (if applicable)	
Name of Contact Person <input type="checkbox"/> NEW			Telephone No. (with area code) <input type="checkbox"/> NEW		Name of Tribal Nation on whose land retail store is located:		
E-mail Address <input type="checkbox"/> NEW			Fax No. (with area code) <input type="checkbox"/> NEW				
Name of Distributor							

MANUFACTURER	BRAND	PRODUCT TYPE	PACKAGING	NUMBER OF SALES		INVOICE NO.
			Unit Qty (# or oz.)	Member	Nonmember	
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			

*Include additional pages as needed.*

<b>PLEASE SIGN HERE</b>	I have reviewed this report and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete.	
	→ _____	_____
	SIGNATURE OF OWNER/AUTHORIZED AGENT	TITLE
	NAME OF OWNER/AUTHORIZED AGENT (Please print or type)	DATE

**Provide a complete and signed copy of this report to the requesting distributor. Do NOT send to Arizona Department of Revenue.**

Legal Business Name		TPT License No. (if applicable)		For the Month of: MONTH YEAR	
Business (or dba) Name				Tribal Tax License No. (if applicable)	
Retail Store Location Address	City	State	ZIP Code	Tribal Affiliation of Retailer (if applicable)	
Name of Distributor			Name of Tribal Nation on whose land retail store is located:		

MANUFACTURER	BRAND	PRODUCT TYPE	PACKAGING	NUMBER OF SALES		INVOICE NO.
			Unit Qty (# or oz.)	Member	Nonmember	
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			
			<input type="checkbox"/> # <input type="checkbox"/> oz			

*Include additional pages as needed.*