



State of Tennessee

Non-Participating Manufacturer

2010 Certification of Annual Escrow Compliance

Review instructions prior to completion.

Company Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Country: _____ Phone no. _____

Web/Email Address: _____

Name and title of person completing form: _____

Total NPM units certified in 1st quarter: _____ Deposit _____

Total NPM units certified in 2nd quarter: _____ Deposit _____

Total NPM units certified in 3rd quarter: _____ Deposit _____

Total NPM units certified in 4th quarter: _____ Deposit _____

TOTAL NPM units for all quarters: _____ Amount Deposited _____

Step 1: Total NPM units sold for 2010 (convert RYO oz. by dividing by 0.09) (Total sold during January through December 2010)	1	_____
Step 2: The appropriate rate per cigarette for the reporting year 2010 (Contact Tobacco Enforcement Division for previous rates).	2	X _____ 0.0188482
Step 3: Multiply Total NPM sales in Step 1 by Step 2.	3	_____
Step 4: Multiply Step 3 by the inflation adjustment percentage of 45.55773.	4	X _____ 1.4555773
Step 5: This is the total amount that should be held in escrow for 2010 sales.	5	_____
Step 6: Subtract Step 5 from the amount that has been deposited for all quarters in 2010. This is the additional amount that has been deposited into escrow. Attach a letter from the bank or other proof of deposit.	6	_____

Under penalties of perjury, I declare that, to the best of my knowledge, all of the information contained in this report and any attached documents are true and accurate.*

NPM Designee (PRINT) Title

Signature of NPM Designee Date

Mail this form to:

Tennessee Attorney General, Tobacco Enforcement Division, P.O. Box 20207, Nashville, TN 37202-0207

***By submitting this report, the NPM certifies that it has established, and continues to maintain, a fully funded, qualified escrow account, as defined and regulated by the Tennessee Tobacco Manufacturers' Escrow Fund Act of 1999, Tenn. Code Ann. § 47-31-101, et seq.**