



**State of Tennessee**  
**Non-Participating Manufacturer**  
**Certification of Quarterly Escrow Compliance**

Review instructions prior to completion.

**PART 1: Escrow Certification Period**

1 <sup>st</sup> Quarter (Jan.-March) <input type="checkbox"/>	Year _____
2 <sup>nd</sup> Quarter (April-June) <input type="checkbox"/>	Original Certification <input type="checkbox"/>
3 <sup>rd</sup> Quarter (July-Sept.) <input type="checkbox"/>	Amended Certification* <input type="checkbox"/>
4 <sup>th</sup> Quarter (Oct.-Dec.) <input type="checkbox"/>	*Date of Original _____

\*Please see instructions for deadlines.\*

**PART 2: Tobacco Product Manufacturer Identification**

Company Name: _____		
Mailing Address: _____		
_____		
City: _____	State: _____	Zip Code: _____
Country: _____	Web/Email Address: _____	
Name and title of person completing form: _____		
_____		

**PART 3: Designated Contact**

Name: _____	Title: _____	
Company/Firm: _____		
Mailing Address: _____		
_____		
City: _____	State: _____	Zip Code: _____
Country: _____	Phone: _____	Fax: _____
Web/Email Address: _____		

\*\*\*This Office will only disclose information regarding the company, escrow account, compliance status, or directory status with those listed in this affidavit.\*\*\*





**State of Tennessee**  
**Non-Participating Manufacturer**  
**2011 Certification of Quarterly Escrow Compliance**

**PART 5: Deposit Amount**

<b>Step 1:</b> Total NPM sales (part 4)	1	_____
<b>Step 2:</b> The appropriate rate per cigarette for the reporting year <b>2011</b> (Contact Tobacco Enforcement Division for previous rates).	2	_____
<b>Step 3:</b> Multiply Total NPM sales in Line 1 by Line 2.	3	_____
<b>Step 4:</b> Multiply Line 3 by the inflation adjustment percentage. For the <b>2011</b> certification period, use the preliminary inflation adjustment of 49.92446%. This is the total amount to be paid into escrow for this quarter.	X 4	_____ _____

\*\*\*\*Proof of deposit or receipt is required from the financial institution at which the escrow account exists.\*\*\*\*

**PART 6: Escrow Account Information and Certification**

Name of Financial Institution or Escrow Agent:	_____				
Mailing Address:	_____				
City:	_____	State:	_____	Zip Code:	_____
Phone:	_____	Fax:	_____		
Contact Person:	_____				
Contact Email:	_____				
Escrow Account Number:	_____				
Tennessee Sub-Account Number:	_____				
Date of Escrow Agreement:	_____				
Date of Last Amendment to Escrow Agreement:	_____				
Total amount held in this account for Tennessee:	\$ _____				

**PART 7: Manufacturer Certification**

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

\_\_\_\_\_  
NPM Designee (PRINT)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of NPM Designee

\_\_\_\_\_  
Date

Subscribed and sworn  
to before me this date \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Commission Expires: \_\_\_\_\_

**\*By submitting this affidavit, 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.\***

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

**\*\*All requested documents and information must be submitted with this certification; certifications without the required documents and information will be returned unprocessed.\*\***