



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

Review instructions prior to completion.

PART 1: Escrow Certification Period

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

Please see instructions for deadlines.

PART 2: Tobacco Product Manufacturer (TPM) Identification

Company _____	Name: _____	
Mailing Address: _____ _____		
City: _____	State: _____	Zip Code: _____
Country: _____	Web/E-mail Address: _____	
Name and title of person completing form: _____ _____		
FEIN: _____		

PART 3: Designated Contact

Name: _____	Title: _____	
Company/Firm: _____		
Mailing Address: _____ _____		
City: _____	State: _____	Zip Code: _____
Country: _____	Phone: _____	
Web/E-mail Address: _____		

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

PART 4: Provide the following information regarding all brand families of the TPM identified in PART 2 sold to Tennessee-licensed wholesalers, including wholesalers located outside of the state of Tennessee.

Brand Name	Number of Cigarettes sold	Ounces of Roll-Your-Own Tobacco sold	Name & Address of the Wholesaler, Distributor or Retailer to whom each product was sold.	Name & Address of the Importer of Foreign Manufactured Products
TOTALS			Convert RYO by dividing total ounces by 0.09 then add that total to total cigarettes. Enter total NPM Units Sold in Part 5, Step 1.	

AMENDED [] (Check if marked amended on PART 1, page 1.)

Original Total NPM Sales: _____

Original Amount Deposited: _____

Additional deposit and date deposited: _____

Additional deposit and date deposited: _____

Additional deposit and date deposited: _____

Additional deposit and date deposited: _____

Additional deposit and date deposited: _____

PART 5: Deposit Amount

Step 1: Total NPM units sold (part 4) (convert RYO by dividing by 0.09)	1	_____
Step 2: The appropriate rate per cigarette for the reporting year 2021 (Contact Tobacco Enforcement Division for previous rates).	2	<input checked="" type="checkbox"/> _____ .0188482
Step 3: Multiply Total NPM sales in Line 1 by Line 2.	3	_____
Step 4: Multiply Line 3 by the inflation adjustment percentage. For the 2023 certification period, use the preliminary inflation adjustment of 129.58310% , based on the minimum 2023 inflation adjustment. This is the total amount to be paid into escrow for this quarter.	4	<input checked="" type="checkbox"/> _____ 2.2958310

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 E-mail: _____

Escrow Account Number: _____

Tennessee Sub-Account Number: _____

Date of Escrow Agreement: _____

Date of Last Amendment to Escrow Agreement: _____

Total amount held in all subaccounts for Tennessee: \$ _____

PART 7: Manufacturer Certification

Under penalty of perjury, I declare that all of the information contained in this document, and any attached documents, are true and correct. This document must be signed and dated by an authorized notary public.

_____	_____
NPM Designee (PRINT)	Title
_____	_____
Signature of NPM Designee	Date
Subscribed and sworn to before me on 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:
Office of the Attorney General
Revenue Section
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.