



**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/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: _____	Fax: _____
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 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
<b>TOTALS</b>			<b>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.</b>	

**AMENDED** [ ] (Check if marked amended on 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**

<b>Step 1:</b> Total NPM units sold (part 4) (convert RYO by dividing by 0.09)	1	_____
<b>Step 2:</b> The appropriate rate per cigarette for the reporting year <b>2019</b> (Contact Tobacco Enforcement Division for previous rates).	2	<input checked="" type="checkbox"/> _____ .0188482
<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>2019</b> certification period, use the preliminary inflation adjustment of <b>89.91984%</b> , based on the minimum <b>2019</b> inflation adjustment. This is the total amount to be paid into escrow for this quarter.	4	<input checked="" type="checkbox"/> _____ 1.8991984

**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.