

**CERTIFICATE OF NON-PARTICIPATING MANUFACTURER  
REGARDING QUARTERLY ESCROW PAYMENT  
STATE OF GEORGIA  
2007**

**PART 1: TOBACCO PRODUCT MANUFACTURER'S IDENTIFICATION**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Email: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Name/Title of Person Completing Report: \_\_\_\_\_

**PART 2: SALES YEAR**

The sales year for this certificate is \_\_\_\_\_. The quarter being reported is (check one):

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Jan.-Mar.</b>  | <input type="checkbox"/> <b>Apr.-June</b> |
| <input type="checkbox"/> <b>July-Sept.</b> | <input type="checkbox"/> <b>Oct.-Dec.</b> |

**PART 3: BRAND SALES**

**A.** The number of individual cigarettes or ounces of Roll Your Own tobacco sold in Georgia during the period specified above is as follows:

Brand Name: \_\_\_\_\_ cigarettes or ounces sold: \_\_\_\_\_  
Brand Name: \_\_\_\_\_ cigarettes or ounces sold: \_\_\_\_\_  
Brand Name: \_\_\_\_\_ cigarettes or ounces sold: \_\_\_\_\_  
Brand Name: \_\_\_\_\_ cigarettes or ounces sold: \_\_\_\_\_

Total cigarettes or ounces sold: \_\_\_\_\_

**B.** The party listed in Part 1 (check one) ☐ is ☐ is not the fabricator of the brands listed above.

**C.** For each brand listed above, list the name and address of any other manufacturer who fabricated the brand in the preceding or current calendar year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **PART 4: CALCULATING THE DEPOSIT AMOUNT**

Follow these steps to calculate the appropriate amount to be deposited for quarterly period:

(a) Enter the total number from Part 3 Section A above: \_\_\_\_\_

(b) Multiply that amount by .0251069: \_\_\_\_\_ x .0251069

This is the amount provided in O.C.G.A. § 10-13-3, with the required inflation adjustment for the 2007 sales year.

(c) Enter the total here: \_\_\_\_\_

The amount that must be deposited for the quarterly period will be the amount shown in Line 4(c). Attach a copy of your receipt or other proof of deposit from your financial institution.

#### **PART 5: QUALIFIED ESCROW FUND – FINANCIAL INSTITUTION**

The NPM certifies that it has established, and continues to maintain, a fully funded, qualified escrow account.

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Escrow Acct No: \_\_\_\_\_ State Account No: \_\_\_\_\_

Total amount held in this account solely for the State of Georgia: \_\_\_\_\_

#### **PART 6: EXECUTION BY AUTHORIZED DESIGNEE**

Under penalty of perjury, I state that the information contained in this Certification is true and accurate.

Designee (Print Name): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Designee: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Notary Public: \_\_\_\_\_ City or County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

#### **Mail the completed certificate of compliance to:**

Consumer Interests Section  
Office of the Attorney General  
40 Capitol Square  
Atlanta, Georgia 30334