

**CERTIFICATE OF NON-PARTICIPATION MANUFACTURER  
REGARDING QUARTERLY ESCROW PAYMENT  
STATE OF GEORGIA  
2021**

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

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Name/Title of Person Completing Report: \_\_\_\_\_  
If located in the U.S.: Manufacturer's Federal I.D. #: \_\_\_\_\_  N/A  
If located in the U.S.: TTB Tobacco Manufacturer Permit Number: \_\_\_\_\_  N/A

**PART 2: SALES QUARTER AND YEAR**

The sales year for this certificate is 2021. The quarter being reported is (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> January-March (1 <sup>st</sup> Quarter)  | <input type="checkbox"/> April-June (2 <sup>nd</sup> Quarter)       |
| <input type="checkbox"/> Amended                                  | <input type="checkbox"/> Amended                                    |
| <input type="checkbox"/> July-September (3 <sup>rd</sup> Quarter) | <input type="checkbox"/> October-December (4 <sup>th</sup> Quarter) |
| <input type="checkbox"/> Amended                                  | <input type="checkbox"/> Amended                                    |

**PART 3: BRAND SALES**

A. The number of individual cigarettes or units of Roll Your Own tobacco sold in Georgia during the period specified above is as follows (.09 oz. of Roll Your Own tobacco equals one unit):

Brand Name: \_\_\_\_\_ #of cigarettes \_\_\_\_\_ or units RYO sold: \_\_\_\_\_  
Brand Name: \_\_\_\_\_ #of cigarettes \_\_\_\_\_ or units RYO sold: \_\_\_\_\_  
Brand Name: \_\_\_\_\_ #of cigarettes \_\_\_\_\_ or units RYO sold: \_\_\_\_\_

Total cigarettes or units RYO sold: \_\_\_\_\_

- B. The party listed in Part 1 (check one)
- a.  is the fabricator of the brands listed above.
  - b.  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:
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N/A

## 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 the Part 3 Section A above: \_\_\_\_\_
- (b) Multiply the amount by \$0.0379765: x .0379765  
This is the amount provided in O.C.G.A. §10-13-3, with the minimum required inflation adjustment for the 2021 sales year. The actual inflation adjustment for 2021 sales will not be available until 2022 and may be higher than the amount provided above. You are responsible for accounting for any additional inflation adjustment in your yearly certification.
- (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 Account Number: \_\_\_\_\_ State Account Number: \_\_\_\_\_

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

### PROVIDE PROOF OF DEPOSIT AND A COMPLETE BANK STATEMENT

## PART 6: BOND

Amount of Bond: \_\_\_\_\_

Name and Address of Bonding Company : \_\_\_\_\_

Bond Expiration Date (if any): \_\_\_\_\_  N/A

Bond must be the greater of \$50,000 or the highest amount of escrow owed by the NPM in the last 12 quarters.

### PROVIDE PROOF OF BOND AMOUNT AND THAT BOND REMAINS CURRENT

**PART 7: EXECUTION BY AUTHORIZED DESIGNEE**

By executing this document, I confirm that I am a qualified company officer authorized to bind the applicant company. 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:**  
Office of the Attorney General/Business & Finance Section  
40 Capital Square, Atlanta, Georgia 30334  
Please send an additional copy by email to [tobacco@law.ga.gov](mailto:tobacco@law.ga.gov).

# MANUFACTURER SALES BY QUARTER IN GEORGIA

MANUFACTURER'S NAME \_\_\_\_\_

YEAR 2021 CHECK ONE :

<input type="checkbox"/> January- March (1 <sup>st</sup> Quarter)	<input type="checkbox"/> April-June (2 <sup>nd</sup> Quarter)	<input type="checkbox"/> July - September (3 <sup>rd</sup> Quarter)	<input type="checkbox"/> October-December (4 <sup>th</sup> Quarter)
<input type="checkbox"/> Amended	<input type="checkbox"/> Amended	<input type="checkbox"/> Amended	<input type="checkbox"/> Amended

BRAND	CUSTOMER DISTRIBUTOR/ WHOLESALE	AMOUNT SOLD MONTH 1 <hr style="width: 80%; margin: 0 auto;"/> FILL IN MONTH	AMOUNT SOLD MONTH 2 <hr style="width: 80%; margin: 0 auto;"/> FILL IN MONTH	AMOUNT SOLD MONTH 3 <hr style="width: 80%; margin: 0 auto;"/> FILL IN MONTH	QUARTER TOTAL STICKS SOLD	WERE SALES STAMPED BY MANUFACTURER W/GA. TAX STAMPS?  YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>
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						YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>

\*Month 1 is the first month of the relevant quarter, Month 2, is the second month of the relevant quarter, Month 3, is the third month of the relevant quarter.