

**CERTIFICATE OF NON-PARTICIPATION MANUFACTURER
REGARDING QUARTERLY ESCROW PAYMENT
STATE OF GEORGIA
2020**

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 YEAR

The sales year for this certificate is 2020. The quarter being reported is (check one):

- | | |
|---|---|
| <input type="checkbox"/> January-March (1 st Quarter)
<input type="checkbox"/> Amended | <input type="checkbox"/> April-June (2 nd Quarter)
<input type="checkbox"/> Amended |
| <input type="checkbox"/> July-September (3 rd Quarter)
<input type="checkbox"/> Amended | <input type="checkbox"/> October-December (4 th Quarter)
<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 in the preceding or current calendar year:
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☐ N/A

D.	Name and address of all distributors/wholesalers selling Company's brands into Georgia :
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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 .0368704: x .0368704
 This is the amount provided in O.C.G.A. §10-13-3, with the minimum required inflation adjustment for the 2020 sales year. The actual inflation adjustment for 2020 sales will not be available until 2021 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 49(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/Regulated Public Interests Section
40 Capital Square, Atlanta, Georgia 30334

Please send an additional copy by email to tobacco@law.ga.gov.

MANUFACTURER SALES BY QUARTER IN GEORGIA

MANUFACTURER'S NAME _____

YEAR 2020 CHECK ONE :

<input type="checkbox"/> January- March (1 st Quarter)	<input type="checkbox"/> April-June (2 nd Quarter)	<input type="checkbox"/> July - September (3 rd Quarter)	<input type="checkbox"/> October-December (4 th 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 _____ FILL IN MONTH	AMOUNT SOLD MONTH 2 _____ FILL IN MONTH	AMOUNT SOLD MONTH 3 _____ 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"/>
						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"/>
						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.