

**CERTIFICATE OF NON-PARTICIPATING MANUFACTURER  
REGARDING QUARTERLY ESCROW PAYMENT  
STATE OF GEORGIA  
2019**

**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. #: \_\_\_\_\_  
If located in the U.S.: TTB Tobacco Manufacturer Permit Number: \_\_\_\_\_

**PART 2: SALES YEAR**

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

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Jan.-Mar. (1<sup>st</sup> Quarter)</b><br><input type="checkbox"/> Amended  | <input type="checkbox"/> <b>Apr.-June (2<sup>nd</sup> Quarter)</b><br><input type="checkbox"/> Amended |
| <input type="checkbox"/> <b>July-Sept. (3<sup>rd</sup> Quarter)</b><br><input type="checkbox"/> Amended | <input type="checkbox"/> <b>Oct.-Dec. (4<sup>th</sup> Quarter)</b><br><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)  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: \_\_\_\_\_

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

D. Name and address of all distributors/wholesalers selling Company's brands into Georgia: \_\_\_\_\_

**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 .0357965: \_\_\_\_\_ x .0357965  
This is the amount provided in O.C.G.A. § 10-13-3, with the minimum required inflation adjustment for the 2019 sales year. The actual inflation adjustment for 2019 sales will not be available until 2020 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 Acct No: \_\_\_\_\_ State Account No: \_\_\_\_\_

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): \_\_\_\_\_

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 6: 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 Capitol Square, Atlanta, Georgia 30334