



State of Tennessee
Non-Participating Manufacturer
Certification of Quarterly Escrow Compliance

Review instructions prior to completion.

PART 1: Escrow Certification Period

1 st Quarter (Jan.-March) <input type="checkbox"/>	Year _____	
2 nd Quarter (April-June) <input type="checkbox"/>		Original Certification <input type="checkbox"/>
3 rd Quarter (July-Sept.) <input type="checkbox"/>	Am _____	ended Certification* <input type="checkbox"/>
4 th 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/Email Address: _____	
Name and title of person completing form: _____		

PART 3: Designated Contact

Name: _____	Title: _____	
Company/Firm: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Country: _____	Phone: _____	Fax: _____
Web/Email Address: _____		

This Office will only disclose information regarding the company, escrow account, compliance status, or directory status with those listed in this affidavit.



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PART 5: Deposit Amount

Step 1: Total NPM sales (part 4)	1	<hr/>
Step 2: The appropriate rate per cigarette for the reporting year 2011 (Contact Tobacco Enforcement Division for previous rates).	2	<hr/>
Step 3: Multiply Total NPM sales in Line 1 by Line 2.	3	<hr/>
Step 4: Multiply Line 3 by the inflation adjustment percentage. For the 2011 certification period, use the preliminary inflation adjustment of 49.92446%. This is the total amount to be paid into escrow for this quarter.	4	X <hr/>

******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 Email: _____		
Escrow Account Number: _____		
Tennessee Sub-Account Number: _____		
Date of Escrow Agreement: _____		
Date of Last Amendment to Escrow Agreement: _____		
Total amount held in this account for Tennessee: \$ _____		

PART 7: Manufacturer Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Affidavit and any attached documents are true and accurate.

NPM Designee (PRINT)

Title

Signature of NPM Designee

Date

Subscribed and sworn
to before me 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:
Tennessee Attorney General
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.****