NON-PARTICIPATING TOBACCO MANUFACTURER'S
CERTIFICATE OF COMPLIANCE WITH QUARTERLY ESCROW
PAYMENT REQUIREMENT ON SALES IN 2020

Line 1: Tobacco Manufacturer's Identification

Name: 
Address: 
Phone: Facsimile: 
Email: 
Brand Name(s) Manufactured: 
Location of Manufacturing Facility(s): 

Line 2: Quarter in 2020

Quarter No.: 

Line 3: Units Sold in Oklahoma in this Quarter of 2020

Number of individual cigarettes and "roll-your-own" tobacco sold in Oklahoma by the Manufacturer whether sold directly or through a distributor, retailer or similar intermediary or intermediaries:

Cigarettes Sold in Oklahoma in 2020: 
RYO (0.09 ounces of RYO tobacco is counted as 1 unit): 

Line 4: Base Escrow Amount

The Base Escrow Amount is determined by multiplying the number of units sold, from Line 3, by $0.0188482.

Base Escrow Amount: 

Line 5: Inflation Adjustment (Estimated)
The Inflation Adjustment is determined by multiplying the Base Escrow Amount, from Line 4, by 95.61761% (or, $0.0180222 per unit).

Inflation Adjustment: 

Line 6: Total Escrow Payment Due

The Total Escrow Payment Due is determined by adding the Base Escrow Amount, from Line 4, to the Inflation Adjustment, from Line 5 (or, $0.0368704 per unit sold).

Total Escrow Payment Due: 

Line 7: Amount Deposited in Escrow Account

Total Amount Deposited in the Escrow Account for the State of Oklahoma based on sales in Oklahoma in 2020, Quarter No. _______ (should be an amount not less than the amount of the Total Escrow Payment Due, from Line 6).

Amount Deposited in Escrow Account: 

Line 8: Financial Institution

Name of Financial Institution: 

Address: 

Escrow Account No.: 

Phone No.: Email: 

Please mail escrow deposit confirmation documents to:

Office of the Oklahoma Attorney General
Attention: Tobacco Enforcement
313 N.E. 21st Street
Oklahoma City, Oklahoma 73105
This Certificate of Compliance must also be signed and dated by an authorized Notary Public.

Under penalty of perjury, I state that, to the best of my knowledge, all of the information contained in this Quarterly Certificate of Compliance is true and correct, and that I am an officer authorized to legally bind the above-named company either under the laws of the State of Oklahoma or of the jurisdiction where the manufacturer resides or is organized.

Name of Authorized Agent: ___________________________ Title: ___________________________

Signature of Authorized Agent: ___________________________ Date: ___________________________

STATE OF________________________________________)
COUNTY OF_____________________________________
COUNTRYOF_____________________________________

Subscribed and sworn to before me this ___ day of _______________, 20____, personally appeared ___________________________, personally known to me (or proved to be on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

________________________________________
Notary Public

________________________________________
My Commission Expires

This notarized Certificate of Compliance, together with Proof of Deposit, must be received at the address below by April 30, 2020 for Quarter No. 1; July 31, 2020 for Quarter No. 2; October 31, 2020 for Quarter No. 3; and January 31, 2021 for Quarter No. 4. OTC Rule 710:70-9-4.

Office of the Oklahoma Attorney General
Attention: Tobacco Enforcement
313 N.E. 21st Street
Oklahoma City, Oklahoma 73105

You must sign and mail the original form to the address above.