



**NON-PARTICIPATING TOBACCO MANUFACTURER'S  
CERTIFICATE OF COMPLIANCE WITH QUARTERLY ESCROW  
PAYMENT REQUIREMENT ON SALES IN 2014**

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**Line 1: Tobacco Manufacturer's Identification**

Name:

Address:

Phone:

Facsimile:

Email:

Brand Name(s) Manufactured:

Location of Manufacturing  
Facility(s):

**Line 2: Quarter in 2014**

Quarter No.

**Line 3: Units Sold in Oklahoma in 2014**

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  
2014:

RYO (.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 63.82651% (or, \$0.0120301 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, \$0.0308783 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 2014, 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 Attorney General  
State of Oklahoma  
Tobacco Enforcement Unit  
313 N.E. 21st Street  
Oklahoma City, Oklahoma 73105

**Line 9: Signature**

**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 \_\_\_\_\_)

COUNTRY OF \_\_\_\_\_)

On \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the instrument herein and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature:\_\_\_\_\_

My Commission expires:\_\_\_\_\_

My Commission Number:\_\_\_\_\_

This notarized Certificate of Compliance, together with Proof of Deposit, must be received at the address below by April 30, 2014 for Quarter No. 1; July 31, 2014 for Quarter No. 2; October 31, 2014 for Quarter No. 3; and January 31, 2015 for Quarter No. 4. OTC Rule 710:70-9-4.

Office of the Attorney General  
State of Oklahoma  
Tobacco Enforcement Unit  
313 N.E. 21St Street  
Oklahoma City, Oklahoma 73105

***You may press the "submit" button after the form has been printed to immediately send the document to the Oklahoma Office of Attorney General. However, you must sign and mail the original form to the address above.***

