State of New Hampshire Quarterly Certification of Compliance by Non-Participating Manufacturer Regarding Escrow Payment Sales Year 2019

(**** NOTE: TO BE SUBMITTED BY MANUFACTURERS ONLY ****)

GENERAL INFORMATION

What is the definition of a tobacco pro	GENERAL INFORMATION			
what is the definition of a tobacco pro	duct manufacturer?			
-	rettes anywhere that such manufacturer intends to be sold in the United			
	ding cigarettes that are intended to be sold in the United States through an importer;			
	resale in the United States of cigarettes manufactured anywhere that the			
manufacturer does not intend to be s				
 Any successor of any entity describe 				
Who is required to file this affidavit?				
 Any tobacco product manufacturer the 	hat			
retailer, or similar intermediary)	thin the state of New Hampshire (whether directly or through any distributor,			
	nanufacturer in the tobacco Master Settlement Agreement.			
	units of cigarettes you sold and pay the amount calculated into your			
	d online at <u>http://www.doj.nh.gov/consumer/tobacco/forms.htm</u> .			
What is a non-participating manufacture is any				
	tobacco product manufacturer who has not signed onto the tobacco Master			
•	3/98 between 46 U.S. States, including New Hampshire, and certain tobacco			
companies.				
What is a qualified escrow fund?				
	escrow fund. This means an escrow arrangement with a federally or state-			
	affiliation with any tobacco product manufacturer and having assets of at			
	gement (1) requires that the financial institution hold the escrowed funds'			
	f New Hampshire and other "releasing parties" as defined in the Master			
	chever occurs first, and (2) prohibits you from using, accessing, or directing			
the use of the funds' principal except as o	consistent with NH RSA 541-C.			
When is this affidavit due?				
The affidavit is due on the schedule set for				
When must I make my escrow paymen	at?			
See Part 2 below.				
SPECIFIC INSTRUCTIONS				
SPECIFIC INSTRUCTIONS Part 1: Manufacturer's Identification	Write your name, address, telephone and fax number.			
SPECIFIC INSTRUCTIONS	The sales year is 2019. Payments for each quarter are due no later than			
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SPECIFIC INSTRUCTIONS Part 1: Manufacturer's Identification Part 2: Sales Year and Quarter Part 3: Units Sold	 The sales year is 2019. Payments for each quarter are due no later than the end of the following quarter, with the exception of the fourth quarter payment. <i>The certification of compliance is due on the same date</i>. Thus, payments and certificates of compliance are due as follows: 1st quarter: no later than June 30, 2019; 2nd quarter: no later than September 30, 2019; 3rd quarter: no later than December 31, 2019; and 4th quarter: no later than April 15, 2020. Write the total number of individual cigarettes, including the amount of "roll-your-own" tobacco (.09 ounces constitutes one cigarette), sold during the quarter bearing New Hampshire cigarette stamps. On Schedule A, provide an itemized list by brand, wholesaler, or importer, as applicable, of all cigarettes included in the certification 			
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SPECIFIC INSTRUCTIONS Part 1: Manufacturer's Identification Part 2: Sales Year and Quarter Part 3: Units Sold Part 4: Deposit Amount	 The sales year is 2019. Payments for each quarter are due no later than the end of the following quarter, with the exception of the fourth quarter payment. <i>The certification of compliance is due on the same date</i>. Thus, payments and certificates of compliance are due as follows: 1st quarter: no later than June 30, 2019; 2nd quarter: no later than September 30, 2019; 3rd quarter: no later than December 31, 2019; and 4th quarter: no later than April 15, 2020. Write the total number of individual cigarettes, including the amount of "roll-your-own" tobacco (.09 ounces constitutes one cigarette), sold during the quarter bearing New Hampshire cigarette stamps. On Schedule A, provide an itemized list by brand, wholesaler, or importer, as applicable, of all cigarettes included in the certification total reported at Part 3. Write the appropriate rate for the sales year. Write the amount you paid into your qualified escrow fund. Multiply the units of cigarettes by the appropriate rate and write the amount. The Inflation factor for quarterly payments is estimated based on a 3% inflation rate. If necessary, that rate will be adjusted in connection with the April 15, 2020 payment. 			
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Certification of Compliance by Non-Participating Manufacturer Regarding Quarterly Escrow Payment State of New Hampshire Sales Year 2019

Part 1:	<u>Manufacturer's Ide</u>	ntification	
Name:			
Address:			
Phone:	Fax:	Fma	il Address:
	Sales Year 2019/Qua		in Addi (55).
	les for this Affidavit i		ter 2 nd Quarter 3 rd Quarter
		4 th Quar	rter
	Units Sold	· · · · · · · · · · · · · · · · · · ·	
			acco, sold by the Manufacturer identified above amps is as follows: (<i>see instructions for details</i>)
during the sales pe	filou bearing ive with	inpainte ergarette tax su	amps is as follows. (see instructions for details)
	Deposit Amount	helow to figure the app	propriate deposit amount)
for the sales year.	(Ose the rules listed	below to figure the app	
		Statutory Rate	Inflation Adjusted Rate
		Per Cigarette \$.0188482	Per Cigarette for Current Year \$0.0357965
		\$10100.0 <u>-</u>	\$01000 () 00
	opriate rate for the 20		\$0.0357965 (estimated)
		n paid into the qualified	
		acturer identified above	
		e appropriate rate in Pa	rt 4) \$
	Financial Institution		
Name of Institutio		•	
Address:			
Escrow Acct. No.			
Total Amount Hel			COPY OF ANY CONTRACT OR AGREEMENT
			ND SHOWING ALL TERMS OF THE ESCROW
FUND.			The showing field feature of fille berrow
	Signature	.1 1 .1 1 1 11	
			of the information contained in this escrow <i>signed and dated by an authorized notary public.</i>
			Title:
Name of Authoriz			Date:
	orized Agent.		
Signature of Author			
Signature of Authors Subscribed and sw	orn to before me on t	his date:	
Subscribed and sw Signature of Notar	orn to before me on t y Public:	his date:	City or County of
Signature of Autho Subscribed and sw Signature of Notar My Commission e	orn to before me on t y Public: xpires:	his date:	
Signature of Authors Subscribed and sw	orn to before me on t y Public: xpires: t to: Office of the	his date:	City or County of
Signature of Autho Subscribed and sw Signature of Notar My Commission e	rorn to before me on t y Public: xpires: t to: Office of the 33 Capitol S	his date: e Attorney General Street	City or County of
Signature of Autho Subscribed and sw Signature of Notar My Commission e	rorn to before me on t y Public:	his date: e Attorney General Street	City or County of

Office of the Attorney General 33 Capitol Street Concord, NH 03301 Attn: Elizabeth D. McCormack, Esquire

SCHEDULE A Non-Participating Manufacturer **Reporting Form**

Please provide the following information with respect to cigarettes sold to purchasers within the State of New Hampshire. Add additional pages if necessary.

(**** NOTE: TO BE SUBMITTED BY MANUFACTURERS ONLY ****)

Manufacturer Name: _____ Reporting Year: 2019

	No. of Cigarettes	Ounces of Roll-Your-	Name & Address of the Wholesaler,	
D	Sold in	Own Tobacco Sold in	Distributor or Retailer to	Name & Address of the First Importer of Foreign
Brand Name	New Hampshire	New Hampshire	Whom Each Cigarette Was Sold	Manufactured Cigarettes
(a)	(b)	(c)	(d)	(e)

Signed under the Pains and Penalties of Perjury – Complete Information and Signature Must be Provided

Dated:	Name and Title:	_ (printed)
Signature:	Email Address:	(required)