

**State of New Hampshire Quarterly Certification of Compliance by Non-Participating  
Manufacturer Regarding Escrow Payment  
Sales Year 2021**

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

<b>GENERAL INFORMATION</b>	
<b>What is the definition of a tobacco product manufacturer?</b>	
<ul style="list-style-type: none"> <li>• Any entity that manufactures cigarettes anywhere that such manufacturer intends to be sold in the United States, including cigarettes that are intended to be sold in the United States through an importer;</li> <li>• The first purchaser anywhere for resale in the United States of cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the United States; or</li> <li>• Any successor of any entity described above.</li> </ul>	
<b>Who is required to file this affidavit?</b>	
<ul style="list-style-type: none"> <li>• Any tobacco product manufacturer that:               <ol style="list-style-type: none"> <li>1. sells cigarettes to consumers within the state of New Hampshire (whether directly or through any distributor, retailer, or similar intermediary); and</li> <li>2. has not become a participating manufacturer in the tobacco Master Settlement Agreement.</li> </ol> </li> </ul> <p><i>You must file this affidavit to report the units of cigarettes you sold and pay the amount calculated into your qualified escrow fund.</i> Forms may be found online at <a href="http://www.doj.nh.gov/consumer/tobacco/forms.htm">http://www.doj.nh.gov/consumer/tobacco/forms.htm</a>.</p>	
<b>What is a non-participating manufacturer?</b>	
A non-participating manufacturer is any tobacco product manufacturer who has not signed onto the tobacco Master Settlement Agreement, executed on 11/23/98 between 46 U.S. States, including New Hampshire, and certain tobacco companies.	
<b>What is a qualified escrow fund?</b>	
You are required to establish a qualified escrow fund. This means an escrow arrangement with a federally or state-chartered financial institution having no affiliation with any tobacco product manufacturer and having assets of at least \$1,000,000,000, where such arrangement (1) requires that the financial institution hold the escrowed funds' principal for the benefit of the state of New Hampshire and other "releasing parties" as defined in the Master Settlement Agreement, or 25 years, whichever occurs first, and (2) prohibits you from using, accessing, or directing the use of the funds' principal except as consistent with NH RSA 541-C.	
<b>When is this affidavit due?</b>	
The affidavit is due on the schedule set forth at Part 2 below.	
<b>When must I make my escrow payment?</b>	
See Part 2 below.	
<b>SPECIFIC INSTRUCTIONS</b>	
Part 1: Manufacturer's Identification	Write your name, address and telephone and fax number.
Part 2: Sales Year and Quarter	The sales year is 2021. 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: <b>1<sup>st</sup> quarter:</b> no later than <b>June 30, 2021</b> ; <b>2<sup>nd</sup> quarter:</b> no later than <b>September 30, 2021</b> ; <b>3<sup>rd</sup> quarter:</b> no later than <b>December 31, 2021</b> ; and <b>4<sup>th</sup> quarter:</b> no later than <b>April 15, 2022</b> .
Part 3: Units Sold	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. <b>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.</b>
Part 4: Deposit Amount	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. <b>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, 2022 payment.</b>
Part 5: Financial Institution	Write the name and address of the financial institution holding your escrow account. Include your escrow account number. Also write the total cumulative amount currently in your escrow account.
Part 6: Signature	An authorized notary public must also sign and date this affidavit.

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**Certification of Compliance by Non-Participating Manufacturer  
Regarding Quarterly Escrow Payment  
State of New Hampshire  
Sales Year 2021**

**Part 1: Manufacturer's Identification**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Part 2: Sales Year 2021/Quarterly Payments**

The Period of Sales for this Affidavit is: 1<sup>st</sup> Quarter 2<sup>nd</sup> Quarter 3<sup>rd</sup> Quarter 4<sup>th</sup> Quarter

**Part 3: Units Sold**

Number of individual cigarettes, including "roll-your-own" tobacco, sold by the Manufacturer identified above during the sales period bearing New Hampshire cigarette tax stamps is as follows: *(see instructions for details)*

\_\_\_\_\_

**Part 4: Deposit Amount**

For the sales year: *(Use the rates listed below to figure the appropriate deposit amount)*

Statutory Rate Per Cigarette	Inflation Adjusted Rate Per Cigarette for Current Year
\$.0188482	0.0379765

The appropriate rate for the 2021 sales year is 0.0379765 (estimated)  
This is the amount that has been paid into the qualified  
Escrow Account by the Manufacturer identified above  
*(Multiply units in Part 3 by the appropriate rate in Part 4)* \$ \_\_\_\_\_

**Note: Attach a copy of your receipt or other proof of deposit from your financial institution**

**Part 5: Financial Institution**

Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Escrow Acct. No. \_\_\_\_\_  
Total Amount Held: \_\_\_\_\_

UNLESS PREVIOUSLY SUBMITTED, PLEASE SUBMIT A COPY OF ANY CONTRACT OR AGREEMENT WITH THE FINANCIAL INSTITUTION ESTABLISHING AND SHOWING ALL TERMS OF THE ESCROW FUND.

**Part 6: Signature**

Under penalty of perjury, I state that, to the best knowledge, all of the information contained in this affidavit is true and accurate. *This document must also be signed and dated by an authorized notary public.*

Name of Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me on this date: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ City or County of \_\_\_\_\_

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

Submit by mail: Office of the Attorney General  
Consumer Protection & Antitrust Bureau  
33 Capitol Street  
Concord, NH 03301  
Attn: Edward R. Sisson, Esq.

or Email: [Tobacco@doj.nh.gov](mailto:Tobacco@doj.nh.gov)  
If submitted by email  
hard copy is not required.

Office of the Attorney General  
33 Capitol Street  
Concord, NH 03301  
Attn: Edward R. Sisson, Esq.

**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: **2021**

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