



# Certificate of Compliance

## Non-Participating Manufacturer Escrow Payment

### Manufacturer's Identification

|          |      |
|----------|------|
| Name:    |      |
| Address: |      |
| Phone:   | Fax: |

### Sales Year

The Year of Sales for this Certificate of Compliance is: (Complete a separate certificate for each year of sales)

\_\_\_\_\_

### Units Sold

Total number of individual cigarettes and "roll-your-own" tobacco sold by the Manufacturer identified above during the \_\_\_\_\_ sales year is:

\_\_\_\_\_

Brand Families: \_\_\_\_\_

\_\_\_\_\_

### Escrow Rates and Payments

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

|   |           |
|---|-----------|
| 2000 - The rate per cigarette is . . . . .                | 0.0104712 |
| 2001-2002 - The rate per cigarette is . . . . .           | 0.0136125 |
| 2003-2006 - The rate per cigarette is . . . . .           | 0.0167539 |
| 2007 and thereafter - The rate per cigarette is . . . . . | 0.0188482 |

### Inflation Adjustment

The appropriate deposit subtotal is \$ \_\_\_\_\_ .

For payments due April 15, 2009, multiply the deposit subtotal by 37.20212% (.3720212) and enter the result.

### Escrow Deposit Paid

The total amount that has been paid into the qualified escrow fund by the Manufacturer identified above for the sales year. \$ \_\_\_\_\_ (Add deposit subtotal and the inflation adjustment amount.)

Note: For the initial deposit, attach a copy of your executed escrow agreement and for all deposits attach copies of your receipt or other proof of deposit from your financial institution and copies, if any, of amendments to your escrow agreement.

### Financial Institution

|                      |                |                                 |
|----------------------|----------------|---------------------------------|
| Name of Institution: |                |                                 |
| Address:             |                |                                 |
| Escrow Acct. No.:    | Sub-Acct. No.: | Total Amount Held for the State |



## Signature

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

|   |        |
|---|--------|
| Name of Authorized Agent:                       | Title: |
| Signature of Authorized Agent:                  | Date:  |
| Subscribed and sworn to before me on this date: |        |
| Signature of Notary Public:                     |        |
| My Commission Expires:                          |        |

Mail this Certificate of Compliance to: Office of State Tax Commissioner  
Tobacco Tax Section  
600 E. Boulevard Ave. Dept. 127  
Bismarck ND 58505-0599