

# CERTIFICATE OF COMPLIANCE

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER  
23506 (2-2019)



Non-Participating Manufacturer  
Escrow Payment

## Manufacturer's Identification

Name		
Address		
Phone	Fax	Sales Year (separate certificate for each year)

## Units Sold

Total number of individual cigarettes and "roll-your-own" tobacco sold by the Manufacturer identified above.

Brand Name	Number of Cigarettes
Brand Name	Number of Cigarettes
Brand Name	Number of Cigarettes
Total Cigarettes . . . . .	

## 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

For payments due April 15, 2019, multiply the deposit subtotal by 84.38819% (.8438819) and enter result.

Deposit Subtotal \$
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## 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.)

Deposit Paid \$
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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 public.*

Name of Authorized Agent	Title
Signature of Authorized Agent	Date
Signature of Notary Public	Subscribed and sworn to on this date
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