

**MONTANA DEPARTMENT OF JUSTICE
2015 Quarterly Certificate of Escrow Deposit**

Part 1: Non-Participating Manufacturer (NPM) Identification

Company Name: _____
Physical Address: _____
Mailing Address (if different): _____
Contact Person Name and Title: _____
Telephone Number: _____ FAX: _____
E-mail Address: _____
Name of retailer(s)/wholesaler(s) that sells your cigarettes or RYO in Montana and brand(s) sold: _____

Part 2: Quarter Being Reported

The sales year for this certificate is the calendar year **2015**. The quarter being reported is (check one):

- January 1, 2015 - March 31, 2015 July 1, 2015 - September 30, 2015
 April 1, 2015 - June 30, 2015 October 1, 2015 - December 31, 2015

Part 3: Units Sold for the Quarter Indicated

Indicate the number of individual cigarettes and units of "roll-your-own" tobacco sold by the manufacturer (whether directly or through a distributor, retailer, or similar intermediary or intermediaries) for the 2015 quarter indicated above and **produce any and all documentation of the sale or transfer of cigarettes or RYO into Montana:**

A. _____

Part 4: Deposit Amount

The deposit amount for 2015 is \$.0318047 per unit sold.* B. _____ \$.0318047

Multiply line A by line B to calculate the **total deposit due**.

This amount must be deposited in the Montana subaccount of the manufacturer's qualified escrow account within 30 days after the end of the quarter indicated above.

* Mont. Code Ann. § 16-11-403(2)(a) requires payments to be "adjusted for inflation." Mont. Code Ann. § 16-11-402(1) defines "adjusted for inflation" as increased in accordance with the formula for inflation adjustment set forth in Exhibit C to the Master Settlement Agreement. Each year, this formula increases 3% or the actual inflation rate, whichever is greater. Because the actual inflation rate cannot be determined until the end of 2015, tobacco product manufacturers required to make quarterly escrow payments will be required, in their quarterly escrow payments, to deposit an amount that has been cumulatively adjusted for inflation by 3%. When the inflation rate for 2015 has been determined, manufacturers will be advised and then have until April 15, 2016, to deposit any additional money, if necessary, to satisfy the actual inflation amount under the Act. The 2014 inflation rate, increased by 3%, is 68.74131. Multiplying the 2014 base escrow deposit amount \$.0188482, by the inflation rate, 68.74131%, equals the cumulative inflation adjustment amount of \$.0129565. Adding the base escrow deposit amount, \$.0188482, to the cumulative inflation adjustment amount, \$.0129565, equals \$.0318047.

Part 5: Financial Institution

Name of Financial Institution: _____
Escrow Agent Contact Name and Title: _____
Mailing Address: _____
Telephone Number: _____ FAX: _____
Escrow Account Number: _____ Montana Subaccount Number: _____

Attach a copy of the financial institution's receipt or other proof of deposit of the proper escrow payment.

Part 6: Certification

The above-named NPM certifies that (initial all four):

_____ It has previously submitted a Montana Certificate of Escrow Deposit to Attorney General's Office. Date submitted: _____

_____ Its qualified escrow fund complies with Mont. Code Ann. § 16-11-403;

_____ Any escrow funds held or to be held in its qualified escrow fund on behalf of the State of Montana are or will be held in a separate segregated account, separate and apart from escrow funds held on behalf of any other beneficiary; and

_____ There is no security interest that has been granted in or has attached or is otherwise applicable to any escrow funds held or to be held in the above-named Non-Participating Manufacturer's qualified escrow fund on behalf of the State of Montana.

Part 7: Authorized Designee and Representation

This document must be signed and dated by an authorized notary public as follows:

Under penalty of perjury, I certify and declare that all of the statements and information contained in this 2015 Quarterly Certificate of Escrow Deposit, including attachments are true, correct, accurate and complete in every particular and that I am a person authorized to bind the above-named NPM making this Certification either under the laws of the State of Montana or of the jurisdiction where the manufacturer resides or is organized. Any violation of these requirements is a basis for removal of the above-named NPM and its brand families from the Tobacco Product Directory.

Authorized Designee: _____ Title: _____
Signature of Designee: _____ Date: _____

SUBSCRIBED AND SWORN TO before me on this date: _____
Signature of Notary Public: _____
City or County of: _____
Printed Name of Notary Public: _____
My Commission expires: _____
Seal:

Mail the completed Certificate to:

Montana Attorney General's
Office of Consumer Protection
Attn: Tobacco Enforcement Program **AND**
555 Fuller Avenue
P.O. Box 200151
Helena, MT 59620-0151

Jim McKeon
Miscellaneous Tax Program Manager
Montana Department of Revenue
125 N Roberts
P.O. Box 5805
Helena, MT 59604-5805