

MONTANA DEPARTMENT OF JUSTICE

****REVISED****

2023 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 2023. The quarter being reported is (check one):

- January 1, 2023 - March 31, 2023
April 1, 2023 - June 30, 2023
July 1, 2023 - September 30, 2023
October 1, 2023 - December 31, 2023

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 wholesaler, retailer, or similar intermediary or intermediaries) for the 2023 quarter indicated above and produce any and all documentation of the sale or transfer of cigarettes or RYO into Montana:

Table with 3 columns: BRAND, Wholesaler/Retailer/Other, Units Sold

Total Units Sold A.

Part 4: Deposit Amount

The deposit amount for 2023 is \$.0434202 per unit sold.* B. \$.0434202

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

Green rectangular box for calculation result

* 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.

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.

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 2023 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.

I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true and correct. MCA §1-6-105

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

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

Mail or Email the completed Certificate to:

Montana Attorney General's
Office of Consumer Protection
Attn: Tobacco Enforcement Program **AND**
302 N. Roberts
P.O. Box 200151
Helena, MT 59620-0151
AGTobacco@mt.gov

Jason Lay
Miscellaneous Tax Program Manager
Montana Department of Revenue
125 N Roberts
P.O. Box 5805
Helena, MT 59604-5805
Jason.Lay@mt.gov