



STATE OF VERMONT
OFFICE OF THE ATTORNEY GENERAL
109 STATE STREET
MONTPELIER, VT
05609-1001

ANNUAL CERTIFICATE OF COMPLIANCE BY NON-PARTICIPATING MANUFACTURER – ANNUAL ESCROW PAYMENT FOR SALES IN 2023

INSTRUCTIONS

A. Who is required to file this Annual Certificate of Compliance?

- a. Any Tobacco Product Manufacturer (TPM) that sells cigarettes or “roll-your-own” within the State of Vermont (whether directly or through any distributor, retailer, or similar intermediary) and has not become a participating manufacturer in the tobacco Master Settlement Agreement executed on 11/23/98 (the MSA) is required to file this Annual Certificate of Compliance.
- b. If you satisfy these requirements, you must file this Annual Certificate of Compliance to report the units of cigarettes manufactured by you and sold in the State of Vermont during the sales year and pay the amount calculated into your qualified escrow fund. **NOTE:** If you are required to make quarterly escrow payments and to file a Quarterly Certificate of Compliance, you must ALSO file an Annual Certificate of Compliance.

B. What is a Non-Participating Manufacturer?

- a. A Non-Participating Manufacturer (NPM) is any TPM who has not signed onto the MSA.

C. What is a Qualified Escrow Fund?

- a. An NPM that is required to file this Annual Certificate of Compliance must establish a Qualified Escrow Fund. A Qualified Escrow Fund is an escrow arrangement with a U.S. federal or U.S. state-chartered financial institution having no affiliation with any TPM 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 Vermont (and possibly other "Releasing Parties" as defined in the MSA) and (2) prohibits the non-

participating manufacturer from using, accessing, or directing the use of the funds' principal except as consistent with 33 V.S.A. Chapter 19, Subchapter 1A.

D. When must I make my Escrow Payment?

- a. You must deposit all escrow payments into your Qualified Escrow Fund on or before April 15, 2024. After you have made your deposit, forward a copy of your receipt or other proof of deposit from your financial institution, along with this signed and notarized Annual Certificate of Compliance, to the Office of the Attorney General of the State of Vermont.

E. When is this Annual Certificate of Compliance due?

- a. This Annual Certificate of Compliance is due on or before April 30, 2024, for 2023 sales that are subject to escrow.

F. How do I submit this Annual Certificate of Compliance?

- a. The Annual Certificate of Compliance and all supporting documents must be submitted electronically and emailed to ago.tobaccoenforcement@vermont.gov.

G. Specific Instructions:

- a. Part 1: Manufacturer's Identification. Identify your name, physical address, mailing address and website address if there is a website. Indicate the name and title of the individual completing the certificate and identify the individual's email address and telephone fax number.
- b. Part 2: Units Sold. Identify the number of individual cigarettes and units of "roll-your-own" (RYO) tobacco manufactured by you and sold during 2023 in Vermont. (Units = Ounces divided by .09)
- c. Part 3: Escrow Rate and Payment. Multiply the number of individual cigarettes and units of RYO sold in 2023 by 0.0434202, the per-stick escrow deposit rate.
- d. Part 4: Financial Institution. Identify 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 for the benefit of the State of Vermont. Proof of deposit must be provided to the Attorney General.
- e. Part 5: Signature. This form must be signed and dated by an officer or director of your company. An authorized notary public must also sign and date this Annual Certificate of Compliance.

CERTIFICATE OF COMPLIANCE

Part 1: Tobacco Product Manufacturer (“TPM”) Identification

Name of Company:	
Physical Address (street address only, no post office box):	
Mailing Address (if different from above):	
Telephone Number:	
E-mail Address:	
Website Address:	
Name/Title of Person Completing Report:	

Part 2: Units Sold

Number of individual cigarettes and “units” of roll-your-own tobacco, sold in Vermont by the Manufacturer identified above during 2023: <i>(Units = Ounces divided by .09)</i>	
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Part 3: Escrow Rate and Payment

NOTE: The per/stick escrow deposit rate for 2023 sales is \$0.0434202

<p>The Total Amount due for deposit to the Qualified Escrow Fund by the Manufacturer identified above for 2023 is:</p> <p><i>(Multiply number from Part 2 by 0.0434202 to calculate the appropriate Total Amount due)</i></p>	
<p>The amount that has already been paid into the Qualified Escrow Fund by the Manufacturer identified above for 2023 is:</p> <p><i>(Add amounts of quarterly payments previously made for 2023 sales)</i></p>	
<p>Amount due April 15, 2024:</p> <p><i>(Subtract amount previously paid for sales year 2023 from Total Amount due)</i></p>	

Attach proofs of deposit from your financial institution if not previously submitted, and copies, if any, of amendments to your escrow agreement.

Part 4: Financial Institution

Name of Qualified Escrow Fund Financial Institution:	
Address:	
Qualified Escrow Account Number:	
Total Amount Held for the State of Vermont:	

Part 5: Signature

Under penalty of perjury, I state that, to the best knowledge, all of the information contained in this Annual Certificate of Compliance is true and accurate.

Name of Authorized Agent (<i>Must be an officer or director of the TPM</i>):	
Title of Authorized Agent:	

Signature of Authorized Agent: _____ Date: _____

Subscribed and sworn to before me on this date: _____

City of: _____ County of: _____

State of: _____

Country of: _____

Signature of Notary Public: _____

My Commission expires: _____

Seal: