

## STATE OF VERMONT

### QUARTERLY Certificate of Compliance by Non-Participating Manufacturer

#### Quarterly Escrow Payments for Sales in 2018

#### GENERAL INFORMATION AND INSTRUCTIONS

##### **Who is required to file this Quarterly Certificate of Compliance?**

Any Non-Participating tobacco product Manufacturer (NPM) whose cigarettes are sold in the State of Vermont, whether directly or through a distributor, retailer, or similar intermediary, must annually, on or before April 30<sup>th</sup> of each year, execute and deliver to the Office of the Attorney General an Annual Certificate of Compliance.

The Quarterly Certificate of Compliance must be filed *in addition to* the Annual Certificate of Compliance which all NPMs must submit and the Tobacco Product Manufacturers' Certification which all tobacco product manufacturers must file before their product(s) can be listed in Vermont's Directory and approved for sale in Vermont.

##### **When is this Quarterly Certificate of Compliance due?**

This Quarterly Certificate of Compliance must be received by the Attorney General on or before 40 days after the end of the quarter for which it is submitted. The calendar year is divided into the following quarters:

- 1<sup>st</sup> — January 1 through March 31
- 2<sup>nd</sup> — April 1 through June 30
- 3<sup>rd</sup> — July 1 through September 30
- 4<sup>th</sup> — October 1 through December 31

Quarterly Certificates of Compliance must be received on or before May 10, August 10, November 10, and February 10.

##### **When must I make my Quarterly Escrow payment?**

Quarterly escrow payments must be deposited into your Qualified Escrow Fund on or before 30 days after the end of the quarter in which the sales were made (April 30, July 30, October 30, and December 30).

#### SPECIFIC INSTRUCTIONS:

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 this Certificate and identify his/her email address and telephone and fax numbers.

Part 2: Sales Quarter/Year. Indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> Quarter of 2018.

Part 3: Units Sold. Write the number of individual cigarettes and ounces of "roll-your own" (RYO) tobacco manufactured by you and sold in Vermont during the sales quarter. For sellers of RYO, then convert the ounces of RYO into units sold. (Units = Ounces divided by .09) Complete Attachment A by listing the name of each Vermont licensed wholesale dealer utilized by you in the Quarter and the volume of their tax-paid cigarettes

and RYO sold by them into Vermont during the sales quarter.

Part 4: Escrow Rate and Payment. Multiply the number of cigarettes and units of RYO sold in the quarter by .0347539, the 2018 estimated per-stick escrow deposit rate.

Part 5: Financial Institution. Write 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.

Part 6: Signature. This form must be signed and dated by an officer or director of your company and that person's name and title must be legibly printed. An authorized notary public must also sign and date the Certificate.

**STATE OF VERMONT**  
**Certificate of Compliance by Non-Participating Manufacturer**

**QUARTERLY Escrow Payment for Sales in 2018**  
*(Due May 10, August 10, and November 10, 2018 and February 10, 2019)*

**Part 1: Manufacturer's Identification**

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Name/Title of Person Completing Certificate:

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Part 2: Sales Quarter/Year**

The Quarter of Sales for this Certificate of Compliance is: \_\_\_\_\_(quarter) of 2018.

**Part 3: Units Sold**

Number of individual cigarettes sold in Vermont by the Manufacturer during the sales quarter identified above is: \_\_\_\_\_. **Please complete Attachment A as to those sales.**

Number of ounces of roll-your-own tobacco ("RYO") sold in Vermont by the Manufacturer during the sales quarter identified above is: \_\_\_\_\_  
**Please complete Attachment A as to those sales.**

Number of units of RYO sold in Vermont by the Manufacturer during the sales quarter identified above is: \_\_\_\_\_  
(*"units" = ounces divided by .09*).

**Part 4: Escrow Rate and Payment**

The estimated per/stick escrow deposit rate for 2018 sales is \$0.0347539.

The total amount that has been paid into the Qualified Escrow Fund by the Manufacturer for the quarter identified above is: \$ \_\_\_\_\_  
(Multiply units in Part 3 by .0347539)

**Part 5: Financial Institution**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Escrow Account Number: \_\_\_\_\_

Total amount held for the State of Vermont: \$ \_\_\_\_\_

**Part 6: 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. *This Annual Certificate of Compliance must also be signed and dated by an authorized notary public.*

Name/Title of Authorized Agent: *(Must be an officer or director of the Manufacturer)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me on this date: \_\_\_\_\_, in

the City or County of \_\_\_\_\_, State of \_\_\_\_\_,

Country of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**Mail this Certificate of Compliance to:**

**Tobacco Enforcement Unit  
Office of the Attorney General of Vermont  
109 State Street  
Montpelier, Vermont 05609-1001  
[ago.tobaccoenforcement@vermont.gov](mailto:ago.tobaccoenforcement@vermont.gov)**

**ATTACHMENT A**  
**Quarterly Sales Itemization**

**PLEASE ATTACH SALES DOCUMENTATION FROM EACH LICENSED  
WHOLESALE DEALER FOR VERMONT SALES FOR EACH MONTH OF THE  
SALES QUARTER**

Name of Vermont Licensed Wholesale Dealer \_\_\_\_\_

Quantity and Product (RYO ounces or cigarette sticks) Sold in Quarter \_\_\_\_\_

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Quantity and Product (RYO ounces or cigarette sticks) Sold in Quarter \_\_\_\_\_

*Revised February 21, 2018*