



## ANNUAL ESCROW COMPLIANCE CERTIFICATE AND AFFIDAVIT (Non-Participating Manufacturer)

### **Part 1: Sales Year**

**SALES YEAR:** \_\_\_\_\_ \*If your company is required to make quarterly escrow deposits, you must complete the Quarterly Escrow Compliance Certificate and Affidavit.

### **Part 2: Manufacturer Identification**

Name:			
Mailing Address:			
City:	State:	Zip:	Country:
Physical Address:			
City:	State:	Zip:	Country:
Phone:	Fax:	Email:	

### **Part 3: Units Sold**

Number of units of individual cigarettes and roll-your-own (RYO) tobacco sold in Oregon by the Manufacturer identified above during the sales reporting period is as follows:

- \_\_\_\_\_ Total Number Units of Cigarettes
- \_\_\_\_\_ Total Ounces of Roll-Your-Own (RYO)
- \_\_\_\_\_ Total Number of Units of RYO (One unit = .09 ounces of RYO)
- \_\_\_\_\_ **TOTAL NUMBER OF ALL UNITS**

**Non-Participating Manufacturer Brand Information:** (Please add additional sheets if necessary.)

<b>Brand Name</b> (Omit styles such as Regular, Menthol, Light, etc.)	<b>Cigarettes (C) or RYO (RYO)</b>	<b>Number of Units Sold During the Reporting Period</b>

**Part 4: Calculation of Deposit Amount**

For the sales reporting period:

2003 – 2006 – The rate per cigarette is .....	0.0167539
2007 and thereafter – The rate per cigarette is .....	0.0188482

A. The appropriate rate for the reporting period is: . . . . . \_\_\_\_\_

B. Deposit Subtotal (*Multiply total number of all units in Part 3 by the appropriate cigarette rate in Part 4 above*) . . . . . \_\_\_\_\_

C. The Inflation Adjustment (*Refer to [www.doj.state.or.us](http://www.doj.state.or.us) Multiply Line B – Deposit Subtotal by the applicable inflation adjustment percentage*) . . . . . \_\_\_\_\_

D. Total Escrow Deposit (*Add Line B – Deposit Subtotal and Line C – Inflation Adjustment*) . . . . . \_\_\_\_\_

**Part 5: Financial Institution**

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

Authorized Contact Name and Title: \_\_\_\_\_

Phone: _____	Fax: _____	Email: _____
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Address: \_\_\_\_\_

Escrow Account No: _____	Sub-Account No: _____ (if applicable)
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Total Funds Held in a Separate Account for Oregon: \$ \_\_\_\_\_

Date of Escrow Agreement: \_\_\_\_\_

Date of Last Amendment to Escrow Agreement: \_\_\_\_\_

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

**Part 6: Signature**

Under penalty of perjury, I declare that I am authorized to certify on behalf of the Tobacco Product Manufacturer in Part 1 that all of the information contained in this Escrow Compliance Certificate, including but not limited to the attachments herewith, are true, complete and accurate. **This Escrow Compliance Certificate must also be signed and dated by an authorized notary public.**

Name of Authorized Agent: _____	Title: _____
Signature of Authorized Agent: _____	Date: _____

Subscribed and sworn to before me on this date:

Signature of Notary Public: _____	County of: _____
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My Commission Expires: \_\_\_\_\_

<p>Mail the completed <i>original</i> Escrow Compliance Certificate Affidavit with attachments to:  <b>Office of the Attorney General for the State of Oregon</b>  <b>Oregon Department of Justice</b>  <b>Civil Enforcement Division; Attn: Tobacco Enforcement</b>  <b>1162 Court Street, NE</b>  <b>Salem, OR 97301-4096</b>  <b>Phone: (503) 934-4400</b>  <b>Fax: (503) 373-7067</b></p>	<p><b>SEAL:</b></p>
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