



ESCROW CREDIT OR REFUND REQUEST (Non-Participating Manufacturer)

Part 1: Applicable Period

SALES QUARTER: _____ **SALES YEAR:** _____

Credit: Applies to requests made within the same sales year (e.g., overpayment in 2Q 2021 and credit to be applied in 4Q 2021)

Refund: Applies to requests made for prior sales years, up to three years from when the initial deposit was due.

Part 2: Manufacturer Identification

Name: _____ FEIN No. _____

Mailing Address:

City: _____ State: _____ Zip: _____ Country: _____

Physical Address:

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Part 3: Units Sold

Attach the following:

Amended escrow compliance certificate(s) that show(s) the correct number of units sold by brand family and distributor.

Sales invoices to Oregon-licensed distributors or sales reports received from Oregon-licensed distributors for the reporting period at issue.

Any other documentation relied on in completing this request.

Part 4: Explanatory Statement

Please briefly explain why the initial certificate of compliance and escrow deposit were in error:

Part 5: Refund Agreement

In requesting this refund, the Tobacco Product Manufacturer identified in Part 2 understands that additional units sold may be subsequently discovered through audit or otherwise and agrees that if the State of Oregon discovers additional units sold, the manufacturer will deposit funds into its Qualified Escrow Fund within ten days of notification.

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 Refund Request, including but not limited to the attachments herewith, are true, complete, and accurate.

Name of Authorized Agent: _____ Title: _____

Signature of Authorized Agent: _____ Date: _____

Email the completed Escrow Refund Request with attachments to:

ORTobaccoEscrow@doj.state.or.us

SEAL: