

Maryland Quarterly Certificate of Compliance of Escrow Funding for 2017 Sales

Nonparticipating Manufacturer's identification

Calendar Year 2017

1.

Please note: This form must be filed by nonparticipating manufacturers required to make quarterly escrow payments and certifications pursuant to COMAR 02.07.01.

For instructions and definitions of terms used herein, please refer to Maryland Annotated Code, Business Regulation Article §§16-401 *et seq.* & §§16-501 *et seq.* (available at http://www.oag.state.md.us/tobacco/statedirectory.htm).

	Name	::		
	Addre	ess:		
	Phone: Fax:		Fax:	
2.	Quarter being reported			
		Jan. 1, 2017 – March 31, 2017		April 1, 2017 – June 30, 2017
		July 1, 2017 – Sept. 30, 2017		Oct. 1, 2017 – Dec. 31, 2017
3.	Units sold for quarter			
in this	quarte	•		-your-own" tobacco sold in Maryland ributor, retailer or other intermediary,

4. **Escrow** rate and payment The escrow rate, adjusted for the minimum inflation rate, is \$0.0337416. Number of units sold (from #3) ______ to be multiplied by inflation-adjusted escrow rate of \$0.0337416. Total amount to be deposited in escrow: \$_____ 5. **Financial Institution** Name of Institution: Address of Institution: Phone Number: Account Number: Date Account Opened: Total Amount Held for State of Maryland: \$ 6. **Documentation** If this is your initial deposit, attach a copy of your executed escrow agreement, and copies of amendments, if any, to your escrow agreement. For all deposits, attach copies of your receipt or other proof of deposit from your financial institution. 7. Certification I certify that the above information is true and correct.

8. Mail this certificate of compliance to:

Signature of Authorized Agent: Name of Authorized Agent:

Title of Authorized Agent:

Aravind Muthukrishnan, Tobacco Enforcement Unit Office of the Attorney General of Maryland 200 St. Paul Place, 20th Floor Baltimore, Maryland 21202

_____ Date: ____