



**Maryland Quarterly Certificate of Compliance  
of Escrow Funding for 2020 Sales**

**Calendar Year 2020**

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 [www.marylandattorneygeneral.gov/Pages/Tobacco/Statedirectory.aspx](http://www.marylandattorneygeneral.gov/Pages/Tobacco/Statedirectory.aspx)).

**1. Nonparticipating Manufacturer's identification**

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

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

\_\_\_\_\_

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

**2. Quarter being reported**

- Jan. 1, 2020 – March 31, 2020       April 1, 2020 – June 30, 2020  
 July 1, 2020 – Sept. 30, 2020       Oct. 1, 2020 – Dec. 31, 2020

**3. Units sold for quarter**

Indicate the number of individual cigarettes and "roll-your-own" tobacco sold in Maryland in this quarter, whether sold directly or through a distributor, retailer or other intermediary, for the 2020 quarter indicated above: \_\_\_\_\_

**4. Escrow rate and payment**

The escrow rate, adjusted for the minimum inflation rate, is \$0.0368704.

Number of units sold (from #3) \_\_\_\_\_ to be multiplied by inflation-adjusted escrow rate of \$0.0368704.

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.

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

Name of Authorized Agent: \_\_\_\_\_

Title of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**8. Mail this certificate of compliance to:**

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