

**CERTIFICATE OF COMPLIANCE**  
**With MD Code Ann., Bus. Reg. §§16-401 to 16-403**



**Calendar Year 2021**

**For definitions of terms, please refer to Md Code Ann., Bus. Reg. §16-402**

**1. Nonparticipating Manufacturer's Identification**

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

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

\_\_\_\_\_

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

**2. Status as Tobacco Product Manufacturer Selling in Maryland**

In 2021, the manufacturer was a tobacco product manufacturer that sold cigarettes to consumers in Maryland, directly or through a distributor, retailer, or similar intermediary.

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is no, please enter 0 for the number of units sold in Part 3.

If the answer is yes, you are obligated to set up a qualifying escrow account, and deposit the appropriate funds.

**3. Units sold**

In calendar year 2021, the manufacturer sold the following number of individual cigarettes and "roll-your-own" tobacco in Maryland: \_\_\_\_\_

**4. Escrow rate and payment**

The unadjusted escrow rate for 2021 is \$0.0188482.

The inflation adjustment multiplier for 2021 is 109.38187%.

The escrow rate adjusted for inflation is \$0.0394647.

Number of units sold (from #3): \_\_\_\_\_

Inflation-adjusted escrow rate (from #4): x \$0.0394647

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 the manufacturer has recently adopted a new or amended escrow agreement, or this is the initial escrow deposit, attach an executed copy of the qualified escrow agreement, and any amendments, to this Certificate of Compliance.

**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, Assistant Attorney General  
Tobacco Enforcement Unit  
Office of the Attorney General of Maryland  
200 St. Paul Place, 20<sup>th</sup> Floor  
Baltimore, Maryland 21202