

OKLAHOMA ATTORNEY GENERAL - TOBACCO ENFORCEMENT



NON-PARTICIPATING TOBACCO MANUFACTURER'S CERTIFICATE OF COMPLIANCE WITH QUARTERLY ESCROW PAYMENT REQUIREMENT ON SALES IN 2024

Line 1: Tobacco Manufacturer's Identification

Name:

Address:

Phone: Facsimile:

Email:

Brand Name(s) Manufactured:

Location of Manufacturing Facility(s):

Line 2: Quarter in 2024

Quarter No.:

Line 3: Units Sold in Oklahoma in this Quarter of 2024

Number of individual cigarettes and "roll-your-own" tobacco sold in Oklahoma by the Manufacturer whether sold directly or through a distributor, retailer or similar intermediary or intermediaries:

Cigarettes Sold in Oklahoma in 2024:

RYO (0.09 ounces of RYO tobacco is counted as 1 unit):

Line 4: Base Escrow Amount

The Base Escrow Amount is determined by multiplying the number of units sold, from Line 3, by **\$0.0188482**.

Base Escrow Amount:

Line 5: Inflation Adjustment (Estimated)

The Inflation Adjustment is determined by multiplying the Base Escrow Amount, from Line 4, by **137.278891%** (or, **\$0.0258746** per unit).

Inflation Adjustment:

Line 6: Total Escrow Payment Due

The Total Escrow Payment Due is determined by adding the Base Escrow Amount, from Line 4, to the Inflation Adjustment, from Line 5 (or, **\$0.0447228** per unit sold).

Total Escrow Payment Due:

Line 7: Amount Deposited in Escrow Account

Total Amount Deposited in the Escrow Account for the State of Oklahoma based on sales in Oklahoma in 2024, Quarter No. _____ (should be an amount not less than the amount of the Total Escrow Payment Due, from Line 6).

Amount Deposited in Escrow Account:

Line 8: Financial Institution

Name of Financial Institution:

Address:

Escrow Account No.:

Phone No.:

Email:

Please mail escrow deposit confirmation documents to:

Office of the Oklahoma Attorney General
Attention: Tobacco Enforcement
313 N.E. 21st Street
Oklahoma City, Oklahoma 73105

Line 9: Signature

This Certificate of Compliance must also be signed and dated by an authorized Notary Public.

Under penalty of perjury, I state that, to the best of my knowledge, all of the information contained in this Quarterly Certificate of Compliance is true and correct, and that I am an officer authorized to legally bind the above-named company either under the laws of the State of Oklahoma or of the jurisdiction where the manufacturer resides or is organized.

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

STATE OF _____)
COUNTY OF _____)
COUNTRY OF _____)

Subscribed and sworn to before me this ___ day of _____, 20____, personally appeared _____, personally known to me (or proved to be on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public

My Commission Expires

This notarized Certificate of Compliance, together with Proof of Deposit, must be received at the address below by April 30, 2024 for Quarter No. 1; July 31, 2024 for Quarter No. 2; October 31, 2024 for Quarter No. 3; and January 31, 2025 for Quarter No. 4. OTC Rule 710:70-9-4.

Office of the Oklahoma Attorney General
Attention: Tobacco Enforcement
313 N.E. 21st Street
Oklahoma City, Oklahoma 73105

You must sign and mail the original form to the address above.