



**STATE OF SOUTH CAROLINA
NON-PARTICIPATING MANUFACTURER'S
2014 QUARTERLY ESCROW SALES
AND ESCROW DEPOSIT CERTIFICATION**

Manufacturer Identification

Company Name:		Date:	
Address:			
City:	State:	Zip:	Country:
Telephone Number:	Fax Number:		E-Mail Address:
Name/Title of Person Completing Form:			

**MANUFACTURER'S RECORDS
Sales Year: 2014**

Quarter Reported (check one):

- 1st Qtr. Jan.-Mar. (Due: Apr. 30)
- 2nd Qtr. Apr.-Jun. (Due: Jul. 30)
- 3rd Qtr. Jul.-Sep. (Due: Oct. 30)
- 4th Qtr. Oct.-Dec. (Due: Jan. 30)
- Other: _____

Instructions for Manufacturer: List each distributor that is responsible for South Carolina tax on your cigarette and RYO brand(s). For each distributor, provide the name, address, contact person and phone numbers. For each distributor, provide the sales volume for South Carolina.

Attach Addendum Pages as Necessary

Product Sold into South Carolina

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer: (Sticks Sold or RYO Ounces)	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer: (Sticks Sold or RYO Ounces)	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer: (Sticks Sold or RYO Ounces)	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer: (Sticks Sold or RYO Ounces)	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer: (Sticks Sold or RYO Ounces)	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer: (Sticks Sold or RYO Ounces)	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

For Attorney General Use Only: Total Cigarette Sticks: _____ Total RYO Ounces: _____

Certification of Escrow Account and Agreement

Name of Financial Institution (Escrow Agent):

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Escrow Agent Contact Person:

Escrow Agent Contact Email:

Escrow Account Number:

Total amount held in account for State of South Carolina:

South Carolina Sub-Account Number:

Calculating the Escrow Deposit Amount for Sales in South Carolina

A Enter the Total Number of Sticks:

B Enter the Total Amount of RYO Stick Equivalent (ounces divided by 0.09):

C Enter Total Units Sold (Total of Line A and Line B):

D Enter Escrow Deposit (Multiply the amount in Line C by \$0.0308783):

This amount is with the minimum required inflation adjustment for the 2014 sales year. The actual inflation adjustment for 2014 sales will not be available until 2015 and may be higher than the amount provided above. Any additional inflation adjustment will be reconciled in the annual certification.

The amount in Line D is the amount that must be deposited into a Qualified Escrow Account for this quarterly period.

Please attach a copy of proof of deposit from the financial institution.

Certification of Authorized Designee

By executing this document I confirm that I am a qualified company officer authorized to bind the reporting company. Under penalty of perjury, I state that the information contained in this Certification is true and accurate.

This Form Must Be Signed and Dated Before A Notary Public

Designee

Dated: _____, 2014

Sworn to and subscribed before me on this day ____ of _____, 2014.

(Seal)

Notary Public

(Print Name)

My commission expires: _____

Please Mail to:

**South Carolina Office of the Attorney General
Tobacco Section
P.O. Box 11549
Columbia, SC 29211**