

**NOTICE**

The forms below are updated for 2021 as Word documents with fillable fields for easier completion. Though not required, please return the completed forms as Word documents in your digital certification package to facilitate data extraction. Thank you for your cooperation.

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| SC Attorney General Seal small blue | **State of South Carolina****NPM Quarterly Sales Information and** **Quarterly Escrow Payment Certification Form****Sales Year: 2021****Sales Quarter:** [ ]  **1st Quarter** [ ]  **2nd Quarter** [ ]  **3rd Quarter** [ ]  **4th Quarter** |

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| **Manufacturer Identification** |
| Company Name: Click or tap here to enter text. | Date: Click or tap to enter a date. |
| Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. | Country: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email Address: Click or tap here to enter text. |
| Name/Title of Person Completing Form: Click or tap here to enter text. |

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| **Units Sold in South Carolina in the Quarter** |
| **Instructions for Manufacturer:** List each distributor that is responsible for South Carolina tax on the cigarette and RYO brand(s). For each distributor, provide the sales information requested. Attach additional pages as needed: |
| Distributor Name: Click or tap here to enter text. |
| Brand Family: Click or tap here to enter text. | [ ]  RYO [ ]  Cigarette | Units Sold: (Sticks or RYO Ounces) Click or tap here to enter text. |
| Brand Family: Click or tap here to enter text. | [ ]  RYO [ ]  Cigarette | Units Sold: (Sticks or RYO Ounces) Click or tap here to enter text. |
| Brand Family: Click or tap here to enter text. | [ ]  RYO [ ]  Cigarette | Units Sold: (Sticks or RYO Ounces) Click or tap here to enter text. |

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| **Certification of Escrow Account** |
| Name of Financial Institution (Escrow Agent): Click or tap here to enter text. |
| Mailing Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. | Phone: Click or tap here to enter text. |
| Contact Person: Click or tap here to enter text. | Contact Email:  |
| Escrow Account Number: Click or tap here to enter text. | Total amount held in account for state of South Carolina: Click or tap here to enter text. |
| SC Sub-Account Number: Click or tap here to enter text. |

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| **Calculating the Escrow Deposit Amount for Sales in 2021** |
| 1a) | Enter the total number of cigarettes sold in South Carolina in 2021 (0.09 ounces of "roll-your-own" tobacco shall constitute one individual "cigarette"):  | 1b) Click or tap here to enter text. |
| 2a) | Escrow Rate for Units Sold in 2021\*:  | 2b) **X $0.0379765** |
| 3a) | Multiply the amount in Box 1b by the escrow rate in box 2b and enter the product in box 3b: | 3b) Click or tap here to enter text. |
|  | The amount in Box 3b is the amount that must be deposited into Escrow Account for this quarterly period. Please attach a copy of your receipt or other proof of deposit from your financial institution.\*The minimum 2021 NPM escrow rate is **$0.0379765** per/stick. This minimum rate is based on a minimum upward inflation adjustment of 3%. If the CPI-U increases by more than 3% in 2021, the 2021 NPM escrow rate will be greater than **$0.0379765**.  |

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| **Execution By Authorized Designee** |
| By executing this document I confirm that I am a qualified company officer or designee authorized to bind the applicant company. Under penalty of perjury, I state that the information contained in this Certification is true and accurate.  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Officer / Designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name)Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021 |
| Sworn to and subscribed before me on this day \_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seal) (Print Name) My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please mail the completed form to:

**South Carolina Office of the Attorney General**

**Tobacco Enforcement Unit**

**P.O. Box 11549**

**Columbia, SC 29211**

Please email a copy to:

sctobacco@scag.gov