



STATE OF SOUTH CAROLINA
**NPM QUARTERLY SALES INFORMATION
 AND QUARTERLY ESCROW PAYMENT CERTIFICATION FORM**

SALES YEAR: 2024

SALES QUARTER:

1ST QUARTER 2ND QUARTER 3RD QUARTER 4TH QUARTER

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

Units Sold in South Carolina in the Quarter (attach additional pages as needed)			
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.			
Distributor Name:			
Brand Family:	RYO	Cigarette	Units Sold: (Sticks or RYO Ounces) _____
Brand Family:	RYO	Cigarette	Units Sold: (Sticks or RYO Ounces) _____
Brand Family:	RYO	Cigarette	Units Sold: (Sticks or RYO Ounces) _____

Certification of Escrow Account and Agreement			
Name of Financial Institution (Escrow Agent):			
Mailing Address:			
City:	State:	Zip Code:	Phone:
Contact Person:		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 2023

1a)	Enter the total number of cigarettes sold in South Carolina in 2023 (0.09 ounces of "roll-your-own" tobacco shall constitute one individual "cigarette"):	1b)
2a)	Escrow Rate for Units Sold in 2024*:	2b) X \$0.0447228
3a)	Multiply the amount in Box 1b by the escrow rate in box 2b and enter the product in box 3b:	3b)

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 2024 NPM escrow rate is **\$0.0447228** 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 2024, the 2024 NPM escrow rate will be greater than **\$0.0447228**.

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

(Printed Name)

Dated: _____, 2024

Sworn to and subscribed before me on this day _____ of _____, 2024.

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