



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

SALES YEAR: 2025

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 2025		
1a)	Enter the total number of cigarettes sold in South Carolina in 2025 (0.09 ounces of "roll-your-own" tobacco shall constitute one individual "cigarette"):	1b)
2a)	Escrow Rate for Units Sold in 2025*:	2b) X \$0.0460645
3a)	Multiply the amount in Box 1b by the escrow rate in box 2b and enter the product in box 3b:	3b)
<p>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.</p> <p>*The minimum 2025 NPM escrow rate is \$0.0460645 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 2025, the 2025 NPM escrow rate will be greater than \$0.0460645.</p>		

Execution By Authorized Designee	
<p>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.</p>	
<p style="text-align: right;">_____ Company Officer / Designee</p>	
<p style="text-align: right;">_____ (Printed Name)</p>	
<p>Dated: _____, 2025</p>	
<p>Sworn to and subscribed before me on this day _____ of _____, 2025.</p>	
<p style="text-align: right;">_____ Notary Public</p>	
<p style="text-align: right;">_____ (Print Name)</p>	
<p style="text-align: right;">My commission expires: _____</p>	
<p style="text-align: center;">(Seal)</p>	

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