



OFFICE OF THE KANSAS ATTORNEY GENERAL

120 SW 10th Ave, 2nd Floor • Topeka, Kansas 66612-1597

Tel 785-368-6289 • Fax 785-296-5010

Email tobacco@ag.ks.gov • Web www.ag.ks.gov/tobacco

NON-PARTICIPATING MANUFACTURER CERTIFICATION OF ESCROW COMPLIANCE

Please complete and return this form after receiving your quarterly notice.

TYPE OF CERTIFICATION & ESCROW QUARTER

_____ INITIAL

_____ AMENDMENT

For sales reported during year _____

_____ 1ST QUARTER (January – March)

_____ 3RD QUARTER (July – September)

_____ 2ND QUARTER (April – June)

_____ 4TH QUARTER (October – December)

MANUFACTURER INFORMATION

MANUFACTURER _____

MAILING ADDRESS _____

STREET ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

WEBSITE _____

ESCROW FUND INFORMATION

FINANCIAL INSTITUTION _____

CONTACT NAME _____ TITLE _____

MAILING ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

PRIMARY ESCROW ACCOUNT NUMBER _____

KANSAS SUB-ACCOUNT NUMBER(S) _____

ESCROW OBLIGATION

*Calculate your escrow obligation owed for the quarter using the **2019** inflation-adjusted rate of **\$0.0357965 per unit**. Please refer to your official escrow notice to complete this portion.*

1. Enter **cigarette units** reported to Kansas in quarter _____

2. Enter **RYO ounces** reported to Kansas in quarter _____

3. Enter **RYO units** reported to Kansas in quarter _____
Divide line 2 by 0.09

4. Enter **total units** reported to Kansas in quarter _____
Add line 1 to line 3

5. Enter applicable **rate per unit 2019: \$0.0357965** _____

6. Enter **escrow obligation** due _____
Multiply line 4 by line 5

ESCROW DEPOSIT

7. Enter **credit amount carried forward** (if any) _____
Refer to your official notice

8. Enter **amount deposited** for quarter _____
Do not include credit from line 7

9. Enter **credit amount remaining** after
satisfaction of escrow obligation (if any) _____

SUPPLEMENTAL DOCUMENTATION

Attached N/A

_____ **Proof of Deposit.** Provide a letter from the financial institution holding your company’s qualified escrow fund verifying the deposit of the amount owed for this quarter including the date such deposit was made.

REQUEST FOR STAMPING AGENT NAMES (OPTIONAL)

Pursuant to K.S.A. 50-6a11(c), I hereby request the name of any stamping agent who reported selling my company’s tobacco products this quarter. I understand the Kansas Attorney General is not obligated to provide such information but may do so upon the approval of this escrow compliance form, including the satisfaction of any escrow obligation due.

Signature of Authorized Officer or Agent

Date

VERIFICATION OF CERTIFICATION

I certify that, to the best of my knowledge, all of the information contained in this certification and any attachments are true and accurate, and that I am authorized, under the laws of the State of Kansas or the jurisdiction where the manufacturer resides or is organized, to bind the manufacturer making this certification.

I certify that, for any brand family acquired from a previous manufacturer, all previous escrow payments required by K.S.A. 50-6a03 have been paid in full.

I certify that all sales or shipments within or into the state of Kansas by manufacturer and its affiliates, including importers and stamping agents, during this quarter were be made only to stamping agents or retailers that are licensed by the state of Kansas or made pursuant to the terms and conditions of a valid tribal compact in effect with the state of Kansas.

I certify that I understand the Kansas Attorney General may require additional information to determine if the manufacturer has made the required escrow payments.

I certify under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

Signature of Authorized Officer or Agent

Name (*Please Print*)

Title (*Please Print*)