



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
 5420 Kietzke Lane, Suite 202
 Reno, NV 89511

AMENDMENT TO NON-PARTICIPATING MANUFACTURER (NPM)
QUARTERLY CERTIFICATE OF COMPLIANCE
 FORM B&TD-TOB4

Part 1: Manufacturer Identification	
Name:	_____
Street Address:	_____
City/State/Country/Zip:	_____
Telephone Number:	_____

Part 2: 2023 Quarter	
Amendment to 2023 Quarter:	
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
Part 3: Amended Quarter Units Sold Total	
Amended Total for Quarter Identified in Part 2: _____	
<i>Total Units Sold (cigarettes & RYO tobacco) by the NPM in Nevada during the quarter, as set forth in Part 6.</i>	

Part 4: Escrow Deposit Amount	
<i>Use the rates listed below to calculate the amended deposit amount.</i>	
1. Enter the Amended Quarter Total Units Sold (sticks) from Part 3	1 _____
2. Applicable base rate per unit sold in 2023 (this rate may be subject to an additional inflation adjustment)	2 \$0.0432723
3. Multiply Line 1 by Line 2; this is the amended quarter total amount of escrow owed	3 _____
4. Enter total amount of all escrow deposits previously made for this quarter	4 _____
5. Subtract Line 4 from Line 3 to calculate the additional escrow due	5 _____
Note: Your Escrow Agent must provide proof of deposit for the amount shown on Line 5 immediately after deposit is made.	

Part 5: Financial Institution / Escrow Agent	
Name:	Escrow account number:
_____	_____
Street Address:	Date of deposit for Line 5:
_____	_____
City, State, Country, Zip:	

Part 7: Certification Statement & Signature

Under penalty of perjury, I state that, to the best of my knowledge, all of the information contained in this certification and any attached documents is true and accurate and that I am a person authorized to bind the manufacturer making this certification under the laws of the State of Nevada. I understand that the Attorney General may require additional information to determine whether the manufacturer has properly reported its Nevada sales. ***This document must be signed and dated by a person authorized to certify on behalf of the NPM and who can legally bind the NPM.***

Print the name of authorized designee:

Title:

Electronic/Signature of authorized designee:

Date:

The Nevada Attorney General's Office should direct questions regarding this filing to:

Name/Title:

Address:

Phone:

Fax:

E-mail:

Email this Signed Document to:

Office of the Nevada Attorney General
Tobacco Enforcement Unit
Email: tobaccoenforcement@ag.nv.gov

For Additional Forms and Information:

Phone (775) 687-2143
http://ag.nv.gov/Hot_Topics/Issue/Tobacco/