



State of Nevada
Affidavit of Non-Participating Manufacturer for
2016 Quarter Certificate of Compliance
Amendment & Reconciled Escrow Deposit

BOT-TOB5

Part 1: Manufacturer Identification

Name:

Street Address:

City, State, Country, Zip:

Telephone Number:

Part 2: 2016 Quarter

The 2016 Quarter for this Amendment is:

Check: 1 2 3 4

Part 3: Amended Quarter Units Sold Total

Amended Total for Quarter identified in Part 2.

Number of cigarette **sticks** bearing Nevada cigarette tax stamps, including tribal & roll-your-own tobacco (.09 ounces = 1 cigarette), which were manufactured by this manufacturer and sold in Nevada during the sales year/quarter above from Part 6 (**this includes all of the quarter sales, whether or not reported in previously submitted NPM Quarter Certificate of Compliance**).

Part 4: Escrow Deposit Amount

*Use the rates listed below to figure the appropriate amended deposit amount. For sales year 2007 and thereafter, the rate per cigarette is **\$0.0188482***

- | | | |
|---|---|-------------|
| 1. Enter the Amended Quarter Total Units Sold (sticks) from Part 3 | 1 | |
| 2. Add applicable rate per unit sold (\$0.0188482) & the 2016 inflation adjustment rate (\$0.0139106) | 2 | \$0.0327588 |
| 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. After subtracting Line 4 from Line 3, the amended quarter total of additional escrow now 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:

Street Address:

City, State, Country, Zip:

Escrow account number:

Date of deposit for Line 5 deposit: __/__/__

Part 6: Non-Participating Manufacturer 2016 Quarterly Amendment

[illegible]

Part 7: Affidavit Statement & Signature

Under penalty of perjury, I state that, to the best of my knowledge, all of the information contained in this affidavit and any attached documents is true and accurate and that I am a person authorized to bind the manufacturer making this affidavit 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 an authorized notary public.***

Subscribed and sworn to
before me this date: _____

Print the name of authorized designee _____

Title _____

Signature of authorized designee _____

Date _____

Signature of Notary Public _____

County _____

My commission expires on: _____

The Attorney General should direct questions regarding this filing to:

Name/Title: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Mail this Signed & Notarized Document to:

Nevada Office of the Attorney General
Tobacco Enforcement Unit
5420 Kietzke Lane, Suite 202
Reno, NV 89511

For Additional Forms and Information:

Phone (775) 687-2144

http://ag.nv.gov/Hot_Topics/Issue/Tobacco/

Email: tobaccoenforcment@ag.nv.gov