



State of Nevada

Affidavit of Non-Participating Manufacturer for 2017 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: 2017 Quarter |
|---|
| The 2017 Quarter for this Amendment is: Check: 1 2 3 4 |
| Part 3: Amended Quarter Units Sold Total |
| <p>Amended Total for Quarter identified in Part 2.</p> <p>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).</p> <p>_____</p> |

| Part 4: Escrow Deposit Amount | |
|---|--------------------------|
| <i>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</i> | |
| 1. Enter the Amended Quarter Total Units Sold (sticks) from Part 3 | 1 _____ |
| 2. Add applicable rate per unit sold (\$0.0188482) & the 2017 inflation adjustment rate (\$0.0148934) | 2 \$0.0337416 |
| 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: _____ | Escrow account number: _____ |
| Street Address: _____ | Date of deposit for Line 5 deposit: __/__/__ |
| City, State, Country, Zip: _____ | |

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 designee.***

Print the name of authorized designee

Title

Signature of authorized designee

Date

The Attorney General should direct questions regarding this filing to:

Name/Title: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Email this Signed Document to:

Nevada Office of the Attorney General
Tobacco Enforcement Unit
Elizabeth Hickman, Deputy Attorney General

For Additional Forms and Information:

Phone (775) 687-2144
http://ag.nv.gov/Hot_Topics/Issue/Tobacco/
Email: tobaccoenforment@ag.nv.gov