



State of Nevada

Affidavit of Non-Participating Manufacturer for 2019 Quarter Certificate of Compliance Amendment & Reconciled Escrow Deposit

B&TD-TOB4

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

Part 2: 2019 Quarter
<p>The 2019 Quarter for this Amendment is:</p> <p>Check: 1 2 3 4</p>
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, as set forth in 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	
<p><i>Use the rates listed below to figure the appropriate amended deposit amount.</i></p> <p><i>For sales year 2007 and thereafter, the rate per cigarette unit sold is \$0.0188482.</i></p>	
1. Enter the Amended Quarter Total Units Sold (sticks) from Part 3	1 _____
2. Add applicable rate per unit sold (\$0.0188482) & the 2019 inflation adjustment rate (\$0.0169483)	2 \$0.0357965
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 _____
<p>Note: Your Escrow Agent must provide proof of deposit for the amount shown on Line 5 immediately after deposit is made.</p>	

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

Electronic/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

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