



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: 2020 Quarter	
Amendment to 2020 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 figure the appropriate amended deposit amount.</i>	
<i>For sales year 2007 and thereafter, the rate per cigarette unit sold is \$0.0188482 + an adjustment for inflation.</i>	
1. Enter the Amended Quarter Total Units Sold (sticks) from Part 3	1 _____
2. Add applicable rate per unit sold (\$0.0188482) & the 2020 inflation adjustment rate (\$0.0180222)	2 <u>\$0.0368704</u>
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: _____

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 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 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
Email: tobaccoenforcment@ag.nv.gov

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