



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		Part 2: 2024 Quarter	
Name:		Amendment to 2024 Quarter:	
Street Address:		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
City/State/Country/Zip:		Part 3: Amended Quarter Units Sold Total	
Telephone Number:		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 2024 (this rate may be subject to an additional inflation adjustment)		2	\$0.0447228
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: _____

Phone: _____

Fax: _____

E-mail: _____

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

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