



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
1 State of Nevada Way, Suite 100
Las Vegas, Nevada 89119

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: 2025 Quarter

Amendment to 2025 Quarter:

1 2 3 4

Part 3: Amended Quarter Units Sold Total

Amended Total for Quarter Identified in Part 2: _____

Total Units Sold (cigarettes & RYO tobacco) by the NPM in Nevada during the quarter, as set forth in Part 6.

Part 4: Escrow Deposit Amount

Use the rates listed below to calculate the amended deposit amount.

- | | | |
|--|---|-------------|
| 1. Enter the Amended Quarter Total Units Sold (sticks) from Part 3 | 1 | _____ |
| 2. Applicable base rate per unit sold in 2025 (this rate may be subject to an additional inflation adjustment) | 2 | \$0.0460645 |
| 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 the 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:

Part 6: Non-Participating Manufacturer 2025 Quarterly Amendment

[illegible]

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:

Address:

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 (702) 486-3420
http://ag.nv.gov/Hot_Topics/Issue/Tobacco/