



**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

<b>Part 1 - Manufacturer Identification</b>	
Name:	_____
Street Address:	_____
City/State/Country/Zip:	_____
Telephone Number:	_____

<b>Part 2 - 2026 Quarter</b>	
Amendment to 2026 Quarter:	_____
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>Part 3 - Amended Quarter Units Sold Total</b>	
Amended Total for Quarter Identified in Part 2:	_____
<i>Total Units Sold (cigarettes &amp; RYO tobacco) by the NPM in Nevada during the quarter, as set forth in Part 6.</i>	

<b>Part 4 - Escrow Deposit Amount</b>	
<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 2026 (this rate may be subject to an additional inflation adjustment)	2 \$0.0 474464
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 _____
<b>Note: Your Escrow Agent must provide proof of the deposit for the amount shown on Line 5 immediately after deposit is made.</b>	

<b>Part 5 - Financial Institution / Escrow Agent</b>	
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:**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### Email this Signed Document to:

Office of the Nevada Attorney General  
Tobacco Enforcement Unit  
[tobaccoenforcement@ag.nv.gov](mailto:tobaccoenforcement@ag.nv.gov)

### For Additional Forms and Information:

Phone (702) 486-3420  
[http://ag.nv.gov/Hot\\_Topics/Issue/Tobacco/](http://ag.nv.gov/Hot_Topics/Issue/Tobacco/)