



STATE OF SOUTH CAROLINA
NPM QUARTERLY SALES INFORMATION
AND QUARTERLY ESCROW PAYMENT CERTIFICATION FORM
2017

Manufacturer Identification

Company Name:		Date:	
Address:			
City:	State:	Zip:	Country:
Telephone Number:	Fax Number:		E-Mail Address:
Name/Title of Person Completing Form:			

Quarterly Report
(check one):

1st Quarter - Jan.-Mar. (First Quarter Escrow Deposit Due Apr. 30th / Form Due May 10th)
 2nd Quarter - Apr.-Jun. (Second Quarter Escrow Deposit Due July 30th / Form Due Aug. 10th)
 3rd Quarter - Jul.-Sep. (Third Quarter Escrow Deposit Due Oct. 30th / Form Due Nov. 10th)
 4th Quarter - Oct.-Dec. (Fourth Quarter Escrow Deposit Due Jan. 30th / Form Due Feb. 10th)
 Other: _____

Units Sold in South Carolina in the Quarter
(attach additional pages as needed)

Instructions for Manufacturer: List each distributor that is responsible for South Carolina tax on the cigarette and RYO brand(s). For each distributor, provide the sales information requested.

Distributor Name:

Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Units Sold to Distributor: (Sticks or RYO Ounces)
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Units Sold to Distributor: (Sticks or RYO Ounces)
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Units Sold to Distributor: (Sticks or RYO Ounces)

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<p>For Attorney General Use Only:</p> <p>Total Cigarette Sticks: _____</p> <p>Total RYO Ounces: _____</p>
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Certification of Escrow Account and Agreement

Name of Financial Institution (Escrow Agent):
Mailing Address:

City:	State:	Zip Code:
Phone:	Fax:	
Contact Person:	Contact Email:	
Escrow Account Number:	Total amount held in account for state of South Carolina:	
South Carolina Sub-Account Number:		

Calculating the Escrow Deposit Amount for Sales in 2017

1a) Enter the total number of cigarettes sold in South Carolina in 2016 (0.09 ounces of "roll-your-own" tobacco shall constitute one individual "cigarette"):	1b)
2a) Escrow Rate for Units Sold in 2017*:	2b) <u>X</u> \$0.0337416
3a) Multiply the amount in Box 1b by the escrow rate in box 2b and enter the product in box 3b:	3b)

The amount in Box 3b is the amount that must be deposited into Escrow Account for this quarterly period. Please attach a copy of your receipt or other proof of deposit from your financial institution.

*The minimum 2017 NPM escrow rate is \$0.0337416 per/stick. This minimum rate is based on a minimum upward inflation adjustment of 3%. If the CPI-U increases by more than 3% in 2017, the 2017 NPM escrow rate will be greater than 0.0337416.

Federal Excise Tax Paid

Total nationwide sales on which federal excise tax was paid in this Quarter: _____

This Form Must Be Signed and Dated Before a Notary Public

Execution By Authorized Designee

By executing this document I confirm that I am a qualified company officer or designee authorized to bind the applicant company. Under penalty of perjury, I state that the information contained in this Certification is true and accurate.

Company Officer / Designee

Dated: _____, 2017

Sworn to and subscribed before me on this day ____ of _____, 2017.

Notary Public

(Seal)

(Print Name)

My commission expires: _____

Please mail the completed form to:

**South Carolina Office of the Attorney General
Tobacco Enforcement Unit
P.O. Box 11549
Columbia, SC 29211**

Please email a copy to:

sctobacco@scag.gov