



**STATE OF SOUTH CAROLINA**  
**NPM QUARTERLY SALES INFORMATION**  
**AND QUARTERLY ESCROW PAYMENT CERTIFICATION FORM**  
**2020**

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

**Distributor Name:**

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

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

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

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

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

|  |
|--|
| <p><b>For Attorney General Use Only:</b></p> <p><b>Total Cigarette Sticks:</b> _____</p> <p><b>Total RYO Ounces:</b> _____</p> |
|--|

## 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 2020

|   |                                 |
|---|---------------------------------|
| 1a) Enter the total number of cigarettes sold in South Carolina in 2020 (0.09 ounces of "roll-your-own" tobacco shall constitute one individual "cigarette"): | 1b)                             |
| 2a) Escrow Rate for Units Sold in 2020*:  | 2b) <u>X</u> <b>\$0.0368704</b> |
| 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 2020 NPM escrow rate is **\$0.0368704** 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 2020, the 2020 NPM escrow rate will be greater than **\$0.0368704**.

## 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: \_\_\_\_\_, 2020

Sworn to and subscribed before me on this day \_\_\_\_ of \_\_\_\_\_, 2020.

\_\_\_\_\_  
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](mailto:sctobacco@scag.gov)