2014 Kentucky Annual Certificate of Non-Participating Tobacco Product Manufacturer Compliance

Part 1: Manufacturer's Identification

1. Name: _____
2. Street address: _____
3. City, state, country, ZIP: _____
4. Telephone number: _____
5. Electronic mail address: _____

Part 2: Liability Year (Sales Year)

6. The liability year for this certificate is: **2014**

Part 3: Units Sold

7. Number of individual cigarettes and RYO sold by the manufacturer identified above during the liability quarter subject to Kentucky excise tax as follows (by brand; nine hundredths (.09) of an ounce of RYO tobacco counts as 1 stick):

A) _____ B)_____ C)_____

Total sticks: _____

Part 4: Deposit Amount

For the liability year 2007 and after, the base rate per cigarette is 0.0188482

8. The appropriate rate for the liability year as adjusted for inflation* is at least: 8. $0.0308783

9. Multiply Line 8 by total of Part 3, Line 7, and write the amount here (**Total Escrow Deposit due for the quarter**): 9. _____

***Note**: Attach a copy of your receipt or other proof of deposit from your financial institution as well as a copy of the escrow agreement between you and the institution if you have not previously provided one or if it has been amended.*

Part 5: Financial Institution

10. Name: _____
11. Street address: _____
12. City, state, country, ZIP: _____
13. Escrow account number: _____
14. Total amount held in this account after current deposit: $_____
15. Escrow agent: _____
16. Phone Number: _____

Part 6: Authorized Signature

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this certificate is true and accurate. This document must be signed and dated by an authorized notary public.

Sworn to and subscribed before me
this ___day of _____, 2015

_____
Print the name of authorized agent Title

_____
Signature of Notary Public

_____
Signature of authorized agent Date

City / State:_____

My commission expires____/_____/_____

* The cumulative inflation adjustment is calculated pursuant to Exhibit C of the MSA.

This form is due April 30, 2015, and may be sent to: Kentucky Office of Attorney General, 700 Capitol Avenue, Suite 118, Frankfort, KY 40601, (Attention: Michael Plumley, Assistant Attorney General).