

**Certificate of Compliance by Non-Participating Manufacturer Regarding Quarterly Escrow Deposits for 2025 Sales**

**Part 1: Manufacturer's Identification**

Name: \_\_\_\_\_

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

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

FAX: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Part 2: Calendar Quarter**

The calendar quarter for this Certificate of Compliance is: \_\_\_\_\_ quarter, 2025.

**Part 3: Units Sold**

The number of "units sold" manufactured by the above entity and sold in Nebraska during this calendar quarter is as follows: \_\_\_\_\_ .

**Part 4: Brands Sold**

List the names of all brands manufactured by the above entity which were sold in Nebraska during the calendar quarter:

\_\_\_\_\_

\_\_\_\_\_

**Part 5: Escrow Rates for Deposits**

For "units sold" during calendar quarter \_\_\_\_\_, 2025, the statutory escrow rate of \$.0188482 per unit sold, as adjusted by an estimated inflation rate pursuant to Exhibit C of the MSA, is \$.0432723 per unit sold.

(a) Enter the total number from Part 3 here: \_\_\_\_\_

(b) Multiply that amount by the \$0.0460645

(c) Enter the total here: \_\_\_\_\_

The total amount on line (c) above must be deposited on or before thirty (30) days after the end of the calendar quarter.

**Note:** A copy of the bank receipt or other proof of deposit from the financial institution must be attached to verify the amount of the escrow deposit.

**Part 6: Financial Institution**

Name of Institution: \_\_\_\_\_

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

Escrow Account No: \_\_\_\_\_

Cumulative total amount held in this account for the State of Nebraska for all years:

\_\_\_\_\_

**Part 7: Signature**

Under penalty of perjury, I state that all of the information contained in this Certificate of Compliance is true and accurate. This Certificate of Compliance must also be signed and dated by an authorized notary public.

Name of Authorized Representative of NPM: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Authorized Representative of NPM: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me on this date: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

City or County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Mail or Email this Certificate of Compliance to:

Office of the Nebraska Attorney General

Tobacco Enforcement Unit

2115 State Capitol

P.O. Box 98920

Lincoln, NE 68509-8920

Email: [ago.tobacco@nebraska.gov](mailto:ago.tobacco@nebraska.gov)