NON-PARTICIPATING MANUFACTURER
CERTIFICATION OF ESCROW COMPLIANCE

2022 SALES YEAR

Please complete and return this form after receiving your quarterly notice.

TYPE OF CERTIFICATION & ESCROW QUARTER

_____ INITIAL  

_____ AMENDMENT

_____ 1ST QUARTER (January – March)  

_____ 3RD QUARTER (July – September)

_____ 2ND QUARTER (April – June)  

_____ 4TH QUARTER (October – December)

MANUFACTURER INFORMATION

MANUFACTURER  

____________________________________________________

MAILING ADDRESS  

____________________________________________________________

____________________________________________________________

STREET ADDRESS  

____________________________________________________________

____________________________________________________________

PHONE NUMBER  

________________________  

FAX NUMBER  

________________________

EMAIL ADDRESS  

_____________________________________________

WEBSITE  

____________________________________________________________
**ESCROW FUND INFORMATION**

FINANCIAL INSTITUTION

CONTACT NAME ___________________________ TITLE ___________________________

MAILING ADDRESS

________________________________________________

PHONE NUMBER ___________________________ FAX NUMBER ___________________________

EMAIL ADDRESS

________________________________________________

PRIMARY ESCROW ACCOUNT NUMBER

KANSAS SUB-ACCOUNT NUMBER(s) ___________________________

**ESCROW OBLIGATION**

*Calculate your escrow obligation owed for the quarter using the 2022 inflation-adjusted rate of $0.0406487 per unit. Please refer to your official escrow notice to complete this portion.*

1. Enter **cigarette units** reported to Kansas in quarter

2. Enter **RYO ounces** reported to Kansas in quarter

3. Enter **RYO units** reported to Kansas in quarter
   
   Divide line 2 by 0.09

4. Enter **total units** reported to Kansas in quarter
   
   Add line 1 to line 3

5. Enter applicable **rate per unit 2022:** $0.0406487

6. Enter **escrow obligation** due
   
   Multiply line 4 by line 5

**ESCROW DEPOSIT**

7. Enter **credit amount carried forward** (if any)
   
   Refer to your official notice

8. Enter **amount deposited** for quarter
   
   Do not include credit from line 7

9. Enter **credit amount remaining** after satisfaction of escrow obligation (if any)
**SUPPLEMENTAL DOCUMENTATION**

Attached  N/A

---

**Proof of Deposit.** Provide a letter from the financial institution holding your company’s qualified escrow fund verifying the deposit of the amount owed for this quarter including the date such deposit was made.

---

**REQUEST FOR STAMPING AGENT NAMES (OPTIONAL)**

Pursuant to K.S.A. 50-6a11(c), I hereby request the name of any stamping agent who reported selling my company’s tobacco products this quarter. I understand the Kansas Attorney General is not obligated to provide such information but may do so upon the approval of this escrow compliance form, including the satisfaction of any escrow obligation due.

---

**VERIFICATION OF CERTIFICATION**

I certify that, to the best of my knowledge, all of the information contained in this certification and any attachments are true and accurate, and that I am authorized, under the laws of the State of Kansas or the jurisdiction where the manufacturer resides or is organized, to bind the manufacturer making this certification.

I certify that, for any brand family acquired from a previous manufacturer, all previous escrow payments required by K.S.A. 50-6a03 have been paid in full.

I certify that all sales or shipments within or into the state of Kansas by manufacturer and its affiliates, including importers and stamping agents, during this quarter were be made only to stamping agents or retailers that are licensed by the state of Kansas or made pursuant to the terms and conditions of a valid tribal compact in effect with the state of Kansas.

I certify that I understand the Kansas Attorney General may require additional information to determine if the manufacturer has made the required escrow payments.

I certify under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

Executed this _____ day of ________________, 20____.

---

Signature of Authorized Officer or Agent

---

**NAME (PLEASE PRINT)  TITLE (PLEASE PRINT)**

Non-Participating Manufacturer Certification of Escrow Compliance
Revised January 2022
Page 3 of 3