



# OFFICE OF THE KANSAS ATTORNEY GENERAL

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## NON-PARTICIPATING MANUFACTURER CERTIFICATION OF ESCROW COMPLIANCE

### 2024 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 **2024 inflation-adjusted rate of \$0.0447228 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 2024**: \$0.0447228 \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Date

**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*)