STATE OF ARIZONA
TOBACCO PRODUCT MANUFACTURER
QUARTERLY ESCROW DEPOSIT CERTIFICATION – 2026
PURSUANT TO A.R.S. § 44-7111(5)(g)

GENERAL INFORMATION

Non-Participating Manufacturers with Units Sold in Arizona must make the required quarterly escrow deposits (along with the submission of the deposit certification to the Office of the Arizona Attorney General) based on the Units Sold in the corresponding quarter and pursuant to the schedule provided below. A.R.S. § 44-7111(5)(g):

1. Quarter 1, January – March: on or before May 31
2. Quarter 2, April – June: on or before August 31
3. Quarter 3, July – September: on or before November 30
4. Quarter 4, October – December: on or before February 28 (of the following calendar year)

For more General Information, please see the compliance certification forms for A.R.S. §§ 44-7101 and 44-7111 as well as the FAQs on the Arizona Attorney General's website: http://www.azag.gov/consumer/Tobacco.

SPECIFIC INSTRUCTIONS

Part 1: Tobacco Product Manufacturer Identification. Identify the Tobacco Product Manufacturer's name, physical address, mailing address, telephone and fax numbers, email address, website address, and name/title of the person completing the Certification.

Part 2: Sales Quarter. List the sales quarter for the Units Sold in question. (NOTE: The Tobacco Product Manufacturer must complete a separate Certification for each quarter of sales in addition to the annual escrow statute compliance certification required pursuant to A.R.S. § 44-7101.)

Part 3: Units Sold. List the Tobacco Product Manufacturer's total Units Sold in Arizona during the sales year listed in Part 2. Next, list the applicable Arizona-licensed distributor (or a non-distributor that sold to a consumer), the corresponding Brand Family(ies) and the corresponding Units Sold. (**Note: the definition of "Units Sold" has changed, effective July 24, 2014. Please see A.R.S. § 44-7101(2)(k) (definition of "Units Sold") and www.azag.gov for more information.)**

Part 4: Escrow Rates and Deposits. Multiply the Units Sold listed in Part 3 by the escrow rate listed in Part 4 and write the result as the subtotal. Next, calculate the appropriate inflation adjustment according to the information provided in Part 4. Add the subtotal and the inflation adjustment amount to arrive at the total amount to be deposited into the Tobacco Product Manufacturer's Qualified Escrow Fund for the benefit of the State of Arizona for the Quarter listed in Part 2.

Part 5: Surety Bond Affirmance. In the blank, provide the date that the most recent NPM Surety Bond was executed.

Part 6: Financial Institution. Identify: (i) the name, mailing address, telephone number, and contact email address of the financial institution where the Tobacco Product Manufacturer has established a Qualified Escrow Fund pursuant to A.R.S. § 44-7101(3)(b); and (ii) the escrow account number as well as the account number for the Arizona sub-account. Also, provide the total cumulative amount currently deposited in this escrow account for the benefit of the State of Arizona.

Part 7: Resident Agent Affirmance: In the blank, provide the date on which the resident agent signed the operative Arizona Resident Agent Form (i.e., the form that is still in effect).

Part 8: Execution by Authorized Designee. The Designee executing this Certification must be an employee of the Tobacco Product Manufacturer identified in Part 1, and authorized to execute the Certification on the manufacturer's behalf. The Designee's name and title must be printed, and the Certification executed, in the presence of an authorized notary.

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Part 1: Tobacco Product Manufacturer Identification

Tobacco Product Manufacturer: _____

Physical Address (no post office box): _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____ Website Address: _____

Name/Title of Person Completing Certification: _____

Part 2: Sales Quarter

1. Quarter 1, January – March: on or before May 31
2. Quarter 2, April – June: on or before August 31
3. Quarter 3, July – September: on or before November 30
4. Quarter 4, October – December: on or before February 28 (of the following calendar year)

The sales quarter for this Certification of Deposit is: _____

Part 3: Units Sold

(The definition of "Units Sold" has changed, effective July 24, 2014. See the instructions for more information.)

TOTAL UNITS SOLD: _____ ("roll-your-own" figures must be provided in both ounces and individual cigarettes):

The Units Sold figure provided above must be separated below by distributor, Brand Family and corresponding Units Sold:

Arizona Licensed Distributor (or name of a Non-Distributor)	Brand Family (one Brand Family per line)	Units Sold

Arizona Licensed Distributor	Brand Family	Units Sold

Part 4: Escrow Rates and Deposits

The rate per Unit Sold is 0.0188482

The appropriate deposit subtotal is: $_____
(To calculate, multiply the Units Sold listed in Part 3 by the above-referenced rate per Unit Sold.)

The appropriate **ESTIMATED** inflation adjustment amount is $ _____
(To calculate, multiply the deposit subtotal above by the estimated inflation adjustment percentage rate of 151.72929% or 1.5172929.)

(Note: An estimated inflation adjustment rate has been provided because the actual rate cannot yet be calculated. The actual inflation adjustment rate is calculated each spring pursuant to the terms of Exhibit C of the MSA. After the rate is calculated and released to manufacturers, any adjustments to deposits must be made as part of the NPM escrow statute annual certification of compliance requirement due by April 15 of each year.)

The total amount that has been deposited into the Qualified Escrow Fund by the Tobacco Product Manufacturer for the sales quarter identified in Part 2 is: $ _____ (*To calculate*, a*dd the deposit subtotal and the inflation adjustment amount*).

Part 5: NPM Surety Bond Affirmance

Pursuant to A.R.S.§ 44-7111(3)(d)-(f), the foregoing NPM affirms, under penalty of perjury, that the information contained in the NPM Surety Bond form, dated _____, as submitted to the Arizona Attorney General's Office, is still true and accurate in all respects. The NPM also affirms, under penalty of perjury, that the NPM Bond identified in the NPM Surety Bond form is currently in effect and will remain in effect throughout the next calendar quarter.

Part 6: Financial Institution

Name of Financial Institution: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Escrow Account No: _____

Arizona Sub-Account No: _____

Total Amount Held for the State of Arizona for all Years and Quarters:_____

NOTE: Please attach proof of deposit from the financial institution identified in Part 6.

The Escrow Agreement for the Escrow Account and Sub-Account listed above continues to be the Escrow Agreement attached to the Directory Statute Certification signed on _____ (enter date Certification was signed by month/day/year) and submitted pursuant to A.R.S. § 44-7111, which remains in full force and effect without amendment or modification. (If the Escrow Agreement has been replaced or changed in anyway, the document must be submitted to this office for review).

Part 7: Resident Agent Affirmance

Pursuant to A.R.S. § 44-7111(4)(a), the foregoing NPM affirms, under penalty of perjury, that the information contained in the Arizona Resident Agent form, signed by the resident agent on (enter mm/dd/yyyy) _____, as submitted to the Arizona Attorney General's Office, is still true and accurate in all respects.

Part 8: Execution by Authorized Designee

Under penalty of perjury, I state that: (i) I have read the instructions included as part of this Certification; (ii) the information contained in this Certification, which includes all exhibits and other attachments, is true and accurate; and (iii) I am an employee of the Tobacco Product Manufacturer identified in Part 1 and am authorized to execute this Certification on behalf of that Tobacco Product Manufacturer.

Designee (Print Name): _____ Title: _____

Signature of Designee: _____ Date: _____

Notary:

Subscribed and affirmed before me on this date: _____

Signature of Notary Public: _____

City or County of: _____

My Commission expires: _____

MAIL THIS QUARTERLY ESCROW DEPOSIT CERTIFICATION TO:

Office of the Arizona Attorney General
Tobacco Enforcement Unit
2005 N. Central Ave.
Phoenix, Arizona 85004-2926