

# Maryland Quarterly Certificate of Compliance

## of Escrow Funding for 2025 Sales



### Calendar Year 2025

*This form must be filed by Nonparticipating Manufacturers required to make quarterly escrow deposits pursuant to Maryland Regulation COMAR 02.07.01.*

For instructions and definitions of terms used herein, please refer to Maryland Annotated Code, Business Regulation Article §§16-401 *et seq.* & §§16-501 *et seq.* (available at [www.marylandattorneygeneral.gov/Pages/Tobacco/Statedirectory.aspx](http://www.marylandattorneygeneral.gov/Pages/Tobacco/Statedirectory.aspx)).

#### 1. Nonparticipating Manufacturer's identification

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### 2. Quarter being reported

- |  |  |
|--|--|
| <input type="checkbox"/> Jan. 1, 2025 – March 31, 2025 | <input type="checkbox"/> April 1, 2025 – June 30, 2025 |
| <input type="checkbox"/> July 1, 2025 – Sept. 30, 2025 | <input type="checkbox"/> Oct. 1, 2025 – Dec. 31, 2025  |

#### 3. Units sold for quarter

Indicate the number of individual cigarettes and "roll-your-own" tobacco sold in Maryland in this quarter, whether sold directly or through a distributor, retailer or other intermediary, for the 2025 quarter indicated above: \_\_\_\_\_

**4. Escrow rate and payment**

For 2025, the estimated escrow rate, adjusted for the minimum inflation rate, is \$0.0460645 per unit sold (from #3).

Total amount to be deposited in escrow: \$ \_\_\_\_\_

**For all deposits, attach copies of deposit letter or other proof of deposit from the Qualified Escrow Bank.**

**5. Financial Institution**

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

Address of Institution: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Account Number: \_\_\_\_\_

Total Amount Held for State of Maryland: \$ \_\_\_\_\_

**6. Certification**

I certify that the above information is true and correct.

Signature of Authorized Agent: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_

Title of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**7. Mail this certificate of compliance to:**

Aravind Muthukrishnan, Assistant Attorney General  
Tobacco Enforcement Unit  
Office of the Attorney General of Maryland  
200 St. Paul Place, 20<sup>th</sup> Floor  
Baltimore, Maryland 21202