

# NPM CERTIFICATE OF COMPLIANCE

Calendar Year 2024



*This form must be completed by Nonparticipating Manufacturers subject to MD Code Ann., Bus. Reg. §§ 16-401 to 16-403. For definitions of terms, please refer to Bus. Reg. §16-402.*

## 1. Nonparticipating Manufacturer's Identification

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

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

\_\_\_\_\_

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

## 2. Status as Tobacco Product Manufacturer Selling in Maryland

In 2024, the certifying company was a tobacco product manufacturer whose cigarettes were sold to consumers in Maryland through a distributor or retailer.

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is no, please enter 0 for the number of units sold in Part 3.

## 3. Units sold

In calendar year 2024, the manufacturer sold the following number of individual cigarettes and "roll-your-own" tobacco in Maryland: \_\_\_\_\_

## 4. Escrow rate and payment

The unadjusted escrow rate for 2024 is \$0.0188482.

The inflation adjustment multiplier for 2024 is 137.27900%.

The escrow rate adjusted for inflation is \$0.0447228.

Number of units sold (from #3): \_\_\_\_\_

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

**5. Qualified Escrow Fund**

All Nonparticipating Manufacturers whose cigarettes are sold in Maryland are obligated to set up a qualifying escrow account and deposit the appropriate funds. If the manufacturer has recently adopted a new or amended escrow agreement, or this is the initial escrow deposit, the NPM must attach an executed copy of the qualified escrow agreement, and any amendments, to this certification.

**For all deposits, attach proof of deposit from your financial institution.**

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

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

\_\_\_\_\_

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

Account: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_

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

**7. Certification**

I certify that the above information is true and correct.

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

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

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

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

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

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