



NOTICE TO FORM USERS

March 11, 2024

The following forms have been optimized for use in Foxit PDF reader [free to [download](#)]:

- **Form NPM001: Non-Participating Tobacco Product Manufacturer Certificate of Compliance**
- **Form QC01: Non-Participating Tobacco Product Manufacturer Quarterly Certificate of Compliance**

Please be aware that certain functionalities of these forms, especially the attachment buttons, may not function properly in other PDF readers. If you encounter difficulties using the functionalities of these forms, please do the following:

- If attachment buttons do not work, use the attachment function of your PDF reader or simply combine this form with an electronic version of all required attachments to create a single PDF for submission.
- If data entry fields do not work, provide answers on a separate sheet and attach to the main form for submission. Alternatively, you may print the form and fill in fields by hand.

PLEASE NOTE: You must use these forms. Due to updates to the forms' contents, prior versions of the forms will not be accepted. Even if you leave a form blank because answers have been provided on a separate sheet, a current form must be submitted as the first pages of your filing.



DAVE YOST

OHIO ATTORNEY GENERAL

STATE OF OHIO NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER QUARTERLY CERTIFICATE OF COMPLIANCE

Pursuant to R.C. 1346.02 and 1346.05 and Ohio Adm.Code 109:8-1-01 thru 109:8-1-03

PART 1: NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER IDENTIFICATION

A. Complete company information below:

Company Name		EIN Number	TTB Permit Number
Address		P.O. Box	
City/State/Zip/Country			
Telephone Number:	Fax Number	E-Mail Address	Website URL
Name/Title of Person Completing Form			
Address of Manufacturing Plant(s)			
Name of Factory Manager(s)		Phone Number of Factory Manager(s)	

B. This Quarterly Certification is for the following period (CHECK ONE):

Original:	<u>FIRST Quarter 2024</u> January 1, 2024 through March 31, 2024	<u>April 30, 2024:</u> Deadline to Deposit to Ohio Sub-Account	<u>May 10, 2024:</u> Deadline to Certify to Ohio Attorney General's Office	<u>May 10, 2024:</u> Deadline for Receipt of Account Ledger from Bank
Amended:				
Original:	<u>SECOND Quarter 2024</u> April 1, 2024 through June 30, 2024	<u>July 30, 2024:</u> Deadline to Deposit to Ohio Sub-Account	<u>August 10, 2024:</u> Deadline to Certify to Ohio Attorney General's Office	<u>August 10, 2024:</u> Deadline for Receipt of Account Ledger from Bank
Amended:				
Original:	<u>THIRD Quarter 2024</u> July 1, 2024 through September 30, 2024	<u>October 30, 2024:</u> Deadline to Deposit to Ohio Sub-Account	<u>November 10, 2024:</u> Deadline to Certify to Ohio Attorney General's Office	<u>November 10, 2024:</u> Deadline for Receipt of Account Ledger from Bank
Amended:				
Original:	<u>FOURTH Quarter 2024</u> October 1, 2024 through December 31, 2024	<u>January 30, 2025:</u> Deadline to Deposit to Ohio Sub-Account	<u>February 10, 2025:</u> Deadline to Certify to Ohio Attorney General's Office	<u>February 10, 2025:</u> Deadline for Receipt of Account Ledger from Bank
Amended:				

PART 2: STAMPING AGENTS (attach additional sheets if necessary)

Instructions to Manufacturer: List each Ohio Stamping Agent (as defined in R.C.1346.04), whether or not located in Ohio, to which you sold cigarettes and RYO tobacco during the quarter. For each Stamping Agent, provide the indicated company information along with its volume of sales into Ohio during the quarter for each of your brand families. (If no sales, put zero under "Sales Volume.") You affirm that the brand families you list here are to be deemed your cigarettes for purposes of R.C. 1346.02 and 1346.05.

Sales Volume: For RYO brands, provide number of ounces sold. For cigarette brands, provide number of sticks sold.
For a list of Ohio Stamping Agents, please refer to Ohio Department of Taxation website.

Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Title/Name:	RYO (ounces)	
Contact Phone Number:	CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Title/Name:	RYO (ounces)	
Contact Phone Number:	CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Title/Name:	RYO (ounces)	
Contact Phone Number:	CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
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Stamping Agent Address:		
Contact Title/Name:	RYO (ounces)	
Contact Phone Number:	CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Title/Name:	RYO (ounces)	
Contact Phone Number:	CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Title/Name:	RYO (ounces)	
Contact Phone Number:	CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Title/Name:	RYO (ounces)	
Contact Phone Number:	CIGARETTE (sticks)	
Stamping Agent Name:	Brand Family:	Sales Volume:
Stamping Agent Address:		
Contact Title/Name:	RYO (ounces)	
Contact Phone Number:	CIGARETTE (sticks)	

PART 3: NON-PARTICIPATING MANUFACTURER ESCROW DEPOSIT

Cigarette units sold: 1 stick = 1 unit; RYO units sold: 0.09 oz. = 1 unit

Quarter Total Units Sold (Cigarettes):		Quarter Total Units Sold (RYO)	
Total Units Sold During this Reporting Quarter		A	
Applicable Rate per Unit Sold		B	
Multiply A × B		C	

→ Deposit to qualified escrow fund must be made no later than 30 days after the end of the quarter.
See Page 1 for filing deadlines

→ The financial institution holding the qualified escrow fund is required to provide a verification of the above deposit. This serves as the official notice of the quarterly deposit and quarterly certification is not complete without it. The deposit verification must be provided directly to the Tobacco Enforcement Unit of the Ohio Attorney General's Office no later than 10 days after the quarterly deposit deadline. Please encourage the financial institution to send the verification by email to: TobaccoEnforcement@OhioAGO.gov.

See Page 1 for filing deadlines

PART 4: ADDITIONAL INFORMATION

Except for the information reported on this form, is ALL the information provided with the manufacturer's most recent annual certification still accurate?

If No, respond to the following questions:

	Yes	No
A. Has the manufacturer's Registered Agent changed?	Yes	No
B. Has the manufacturer's qualified escrow fund information or escrow agreement changed?	Yes	No
C. Have there been any changes to the manufacturer's packaging or brand families or sold in Ohio?	Yes	No
D. Has other information on the most recent annual certification changed?	Yes	No

If the answer to A, B, C or D above is YES, please explain below:

¹ R.C. 1346.02(B)(1) requires payments to be "adjusted for inflation." R.C. 1346.01(A) defines "adjusted for inflation" as increases in accordance with the formula for inflation adjustment set forth in Exhibit C to the Master Settlement Agreement. Each year, this figure increases 3% or the actual inflation rates, whichever is greater. Because the actual inflation rate cannot be determined until the end of 2024, Non Participating Manufacturers must deposit quarterly escrow installments that have been cumulatively adjusted for inflation by 3%. When the adjustment for inflation has been determined, Manufacturers will be advised and then have until April 15, 2025, to deposit any additional money, if necessary, to satisfy the actual adjustment for inflation amount pursuant to Ohio's NPM Statutes.

PART 5: AFFIDAVIT OF NON-PARTICIPATING TOBACCO PRODUCT MANUFACTURER

Instructions: This affidavit must be signed by an authorized representative of the Tobacco Product Manufacturer ("Manufacturer") identified in Part 1A and this form must be notarized and the original of this Affidavit sent to the address below.

I, an authorized representative of the Manufacturer, affirm the following:

Manufacturer understands that the Attorney General may require additional information or documentation to determine if Manufacturer or brands qualify for listing on the Ohio Tobacco Directory.

Manufacturer understands that in the event the information submitted is no longer accurate, the Manufacturer shall notify the Attorney General and provide corrected information.

I am an authorized representative of the Manufacturer with authority to bind the Manufacturer and make this certification on its behalf.

I have examined this Certificate, including attachments and supporting documents, and, to the best of my knowledge and belief, the information contained herein is true, correct, and complete.

Manufacturer agrees that any action or proceeding against it arising from enforcement of the provisions of R.C. 1346.01 through 1346.10 and any rules promulgated pursuant to these statutes may be commenced against Manufacturer in any state court within Ohio, that the laws of the State of Ohio will govern such proceedings, and that the Manufacturer waives any immunity from suit, liability, judgment, and collect

Under penalty of falsification, I certify that the Tobacco Product Manufacturer is a Non-Participating Manufacturer in full compliance with all applicable sections of R.C. Chapter 1346 and all local, state and federal laws.

Print the Name of Tobacco Product Manufacturer

Print the Name and Title of the Authorized Representative

Signature of Authorized Representative

Date

Subscribed and sworn to this date: _____ State/County of: _____

Signature of Notary Public: _____ Notary Commission expires: _____

Save this document, attach to an e-mail and send to TobaccoEnforcement@OhioAGO.gov.

**Mail fully executed Affidavit of Tobacco Product Manufacturer to:
Ohio Attorney General's Office
Tobacco Enforcement Unit
30 East Broad Street, 26th Floor
Columbus, Ohio 43215**

Note: Incomplete and/or ineligible Certificate of Compliance forms and attachments will be rejected.