



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		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 and Filing Deadlines are for the following period (check one):

1st Quarter 2021 – January 1 – March 31, 2021

Original

Amended

→ Deposit to Ohio Sub-Account deadline: **April 30, 2021**

→ Certification to Ohio Attorney General's Office must be received by: **May 10, 2021**

→ Account ledger from bank must be received by **May 10, 2021**

2nd Quarter 2021 April 1 – June 30, 2021

Original

Amended

→ Deposit to Ohio Sub-Account deadline: **July 30, 2021**

→ Certification to Ohio Attorney General's Office must be received by: **August 10, 2021**

→ Account ledger from bank must be received by **August 10, 2021**

3rd Quarter 2021– July 1, September 30, 2021

Original

Amended

→ Deposit to Ohio Sub-Account deadline: **October 30, 2021**

→ Certification to Ohio Attorney General's Office must be received by: **November 10, 2021**

→ Account ledger from bank must be received by **November 10, 2021**

4th Quarter 2021– October 1 – December 31, 2021

Original

Amended

→ Deposit to Ohio Sub-Account deadline: **January 30, 2022**

→ Certification to Ohio Attorney General's Office must be received by: **February 10, 2022**

→ Account ledger from bank must be received by **February 10, 2022**

PART 2: STAMPING AGENT AS IDENTIFIED IN R.C. 1346.04

Instructions for Manufacturer: List each distributor that stamps your cigarette brand(s) for sales in Ohio, and/or pays Ohio OTP tax on your RYO brand(s). For each distributor, provide the name, address, contact person and phone numbers. For each distributor, provide the sales volume for each brand family. The product manufacturer affirms that the following brand families are to be deemed its cigarettes for purposes of R.C. 1346.02 and 1346.05.

*List all brand families sold in Ohio during the Quarter covered by this certification.
.09 oz. of RYO constitutes one unit.*

Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
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Phone Number:	CIGARETTE	
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Contact Person's Title/Name:		
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		
Distributor Address:	RYO	
Phone Number:	CIGARETTE	
Distributor Name:	Brand Family:	Sales Volume:
Contact Person's Title/Name:		
Distributor Address:	RYO	
Phone Number:	CIGARETTE	

PART 3: NON-PARTICIPATING MANUFACTURER QUALIFIED ESCROW ACCOUNT

Units Sold During this Reporting Quarter	A	
Applicable Rate ¹	B	
Multiply A × B	C	

- Deposit to Ohio Sub-Account **must** be made no later than **30-days** after the end of the quarter.
See Page 1 for filing deadlines
- The financial institution is required to provide an account ledger including the above deposit directly to the Tobacco Unit of the Ohio Attorney General’s office. The account ledger **must** be provided no later than **10 days** after the quarterly deposit deadline. This serves as the official notice of the quarterly deposit and quarterly certification is not complete without it.
See Page 1 for filing deadlines

PART 4: ADDITIONAL INFORMATION

Answer all of the following questions:

- | | | | |
|----|---|-----|----|
| A. | The registered agent identified on this TPM’s most recent annual certification continues to be the registered agent for this TPM. | Yes | No |
| B. | The financial institution information provided on this TPM’s most recent annual certification remains accurate. | Yes | No |
| C. | The escrow agreement provided with this TPM’s most recent annual certification remains in force and unchanged. | Yes | No |
| D. | The TPM remains in full compliance with the PACT Act, including but not limited to: registering and filing monthly reports with the Ohio Department of Taxation as indicated on the most recent annual certification. | Yes | No |

If the answer to A, B, C and/or D above is **NO**, please explain below and provide supporting documentation:

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 2021, tobacco product manufacturers required to make quarterly escrow payments will be required, in their quarterly escrow payments, to deposit an amount that has 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, 2022, 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

**An authorized officer of the tobacco product manufacturer must sign this form.
This form must be notarized.**

My position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements:

I understand that the Attorney General may require additional information and/or documentation to determine if applicant qualifies for listing on the Ohio Directory.

I have examined this certification, including attachments and supporting documents and, to the best of my knowledge and belief, this Certification, including attachments and supporting documents, is true, correct, and complete.

By signing this affidavit on behalf of the applicant company I understand that the company is required to comply with state and federal laws concerning the sale of tobacco products.

Under penalty of falsification, I state that the tobacco product manufacturer named in Part 1 A, as of the date of this certification, is a non-participating manufacturer in full compliance with all applicable sections of R.C. 1346.

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Name of Owner/ Officer of Non-Participating Tobacco Product Manufacturer (print name) Title

Signature of Owner/Officer Date

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

Signature of Notary Public: _____ Notary Commission expires: _____

E-mail completed Certificate of Compliance and Attachments by clicking the "Submit Form" button located at the top of this page OR save this document and attach to an e-mail and send to Candice.Watson@OhioAttorneyGeneral.gov and a copy to: Jennifer.Croskey@OhioAttorneyGeneral.gov

**Send 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 returned.