

**COMMONWEALTH OF MASSACHUSETTS  
QUARTERLY CERTIFICATE OF ESCROW DEPOSIT (M.G.L. c. 94F, §4(e))  
(March 2020)**

*Please type, or print legibly in permanent blue ink.*

**NOTE:** You must also file an annual TPM Certification on or before April 30 each year. The Annual TPM Certification and any Supplemental TPM Certifications are in addition to this quarterly form.

**PART I: NONPARTICIPATING MANUFACTURER INFORMATION**

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

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

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

Website: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ MA sub-account # \_\_\_\_\_

Name and Title of Person Completing This Certification: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PART II: QUARTER BEING REPORTED**

The sales year for this Quarterly Certificate is the calendar year **2020**. The quarter being reported is: (*check one*)

- ☐ January 1, 2020 - March 31, 2020 – deposit due by April 30, 2020; and Quarterly Certificate due by May 10, 2020
- ☐ April 1, 2020 - June 30, 2020 – deposit due by July 30, 2020; and Quarterly Certificate due by August 10, 2020
- ☐ July 1, 2020 - September 30, 2020 – deposit due by October 30, 2020; and Quarterly Certificate due by November 10, 2020
- ☐ October 1, 2020 - December 31, 2020 – deposit due by January 30, 2021; and Quarterly Certificate due by February 10, 2021

Is this Quarterly Certificate an original or amended certificate? ☐ Original ☐ Amended

**NOTE FILING DEADLINES:** Quarterly Escrow Deposits are due to the Massachusetts Sub-Account no later than 30 days after the end of the Quarter being reported. This form must be *received* by the Commonwealth no later than 10 days after the deposit due date. The financial institution is required to provide an account ledger including the escrow deposit directly to the Office of the Attorney General no later than 10 days after the Quarterly Deposit deadline. This Quarterly Certificate is not complete without the account ledger.

### PART III: UNITS SOLD FOR THE QUARTER BEING REPORTED

The non-participating manufacturer identified in Part I has the following brand families and affirms that they are deemed to be its Cigarettes for purposes of M.G.L. c. 94E:

List all brand families sold during the Quarter covered by this Quarterly Certificate.

**Brand Family** (*see instructions*)

**Units Sold This Quarter in MA (2020)**

_____	<input type="checkbox"/> Cigarette	<input type="checkbox"/> RYO	_____
_____	<input type="checkbox"/> Cigarette	<input type="checkbox"/> RYO	_____
_____	<input type="checkbox"/> Cigarette	<input type="checkbox"/> RYO	_____
_____	<input type="checkbox"/> Cigarette	<input type="checkbox"/> RYO	_____
_____	<input type="checkbox"/> Cigarette	<input type="checkbox"/> RYO	_____
_____	<input type="checkbox"/> Cigarette	<input type="checkbox"/> RYO	_____
_____	<input type="checkbox"/> Cigarette	<input type="checkbox"/> RYO	_____
_____	<input type="checkbox"/> Cigarette	<input type="checkbox"/> RYO	_____

*.09 oz. of RYO constitutes one unit.*

**TOTAL UNITS SOLD (2020):**

\_\_\_\_\_

x \$0.0368704 =

\$ \_\_\_\_\_

**Escrow Deposit for this Quarter <sup>1</sup>**

**NOTE: You must produce documentation such as sales invoices to substantiate the reported RYO units sold in Massachusetts during the quarter being reported, regardless of whether a wholesaler/distributor is located outside of Massachusetts. This documentation must identify the entity (wholesaler/distributor/retailer) by name and address that the RYO was sold to, according to brand name and units sold.**

<sup>1</sup>The escrow amount due is calculated by multiplying the number of Units Sold in the quarter being reported by the Base Amount times the Inflation Adjustment (see Exhibit C of the tobacco Master Settlement Agreement): e.g., by \$0.0368704 for sales in 2020. Withdrawals are permitted only as authorized by M.G.L. c. 94E, §2(b)(2). The escrow per stick, as adjusted by inflation, (\$0.0368704) is an estimate that assumes the minimum inflation adjustment of 3% and the Commonwealth reserves the right to adjust this amount and the corresponding escrow owed for 2020 sales.

#### PART IV: ADDITIONAL QUARTERLY COMPLIANCE INFORMATION

With respect to the following questions, the term “this TPM’s most recent annual certification” refers to this TPM’s (NPM’s) most recent Annual TPM Certification filed with the Commonwealth of Massachusetts. You must answer all of the following under penalties of perjury:

- A. The manufacturer and trademark holder information with respect to each Brand Family identified on this TPM’s most recent annual certification remains accurate and unchanged.  
☐ Yes (True)                      ☐ No (Not true)
- B. The financial institution information provided on this TPM’s most recent annual certification remains accurate and unchanged.  
☐ Yes (True)                      ☐ No (Not true)
- C. This TPM has made no amendments or changes to the latest escrow agreement on file with and approved by the Attorney General.  
☐ Yes (True)                      ☐ No (Not true)
- D. The registered agent identified on this TPM’s most recent annual certification continues to be the registered agent for this TPM.  
☐ Yes (True)                      ☐ No (Not true)
- E. The Stampers/Wholesalers/Retailers identified on this TPM’s most recent annual certification continue to be the Stampers/Wholesalers/Retailers for this TPM.  
☐ Yes (True)                      ☐ No (Not true)
- F. This TPM has not been sued by any state for failure to comply with that state’s escrow statute or its complementary legislation since the filing of this TPM’s most recent annual certification.  
☐ Yes (True)                      ☐ No (Not true)
- G. A TPM Directory application filed by this TPM has not been denied by any state since the filing of this TPM’s most recent annual certification.  
☐ Yes (True)                      ☐ No (Not true)
- H. This TPM continues to file monthly (PACT Act) reports of all shipments of cigarettes and smokeless tobacco products into Massachusetts, with the Massachusetts Department of Revenue.  
☐ Yes (True)                      ☐ No (Not true)
- I. If the answer to A, B, C, D, E, F, G, and/or H above is “No (Not true)”, explain below and provide supporting documentation:

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## **PART V: MAILING INSTRUCTIONS**

Please mail the original Quarterly Certificate and all supporting documentation to the Attorney General and a copy of all documentation to the Commissioner of Revenue:

**Original:**

Tobacco Enforcement  
Office of the Attorney General  
Commonwealth of Massachusetts  
One Ashburton Place  
Boston, MA 02108-1598

**Copy:**

TPM Directory  
Rulings and Regulations Bureau  
Department of Revenue  
Commonwealth of Massachusetts  
P.O. Box 9566  
Boston, MA 02114-9566

**PART VI: DECLARATION, ACKNOWLEDGMENT, AND SIGNATURE**

Under penalties of perjury, the undersigned authorized officer of the Company states that:

- 1. I am an officer of the Company, and I am authorized to execute this Quarterly Certificate on its behalf.
- 2. I have read the Instructions for this Quarterly Certificate and the Annual TPM Certification. I understand that any misrepresentation may be grounds for not including the Company on the TPM Directory.
- 3. I understand that the Attorney General may require additional information and/or documentation with regard to this Quarterly Certificate. I understand that failure to provide additional information and/or documentation may be grounds for not including the Company on the TPM Directory.
- 4. I have examined this Quarterly Certificate, as well as the attachments and other accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.
- 5. The Company will immediately notify the Attorney General in the event that the submitted information and documents are no longer accurate or complete.
- 6. The Company executes this Quarterly Certificate pursuant to M.G.L. c. 94F, §4(e), 830 CMR 94E.1.1(6)(d), and 940 CMR 24.08, in order to sell its Cigarettes in Massachusetts, and specifically consents to the jurisdiction of the Superior Court of Massachusetts, and waives any objection to such jurisdiction for purposes of any enforcement action that may be brought by the Attorney General under M.G.L. c. 94E or M.G.L. c. 94F with respect to this Quarterly Certificate or this Company’s TPM Certification(s) or any Cigarettes sold in Massachusetts, or otherwise failing to comply with either M.G.L. c. 94E or M.G.L. c. 94F.
- 7. The Company waives any sovereign immunity defense that may apply to enforcement actions that may be brought by the Attorney General under M.G.L. c. 94E or M.G.L. c. 94F with respect to this Quarterly Certificate or this Company’s TPM Certification(s) or any Cigarettes sold in Massachusetts.

_____ Typed or Printed Name of Authorized Officer	_____ Title
_____ Signature of Authorized Officer	_____ Date
Subscribed and sworn to before me on this date:	_____
Signature of Notary Public:	_____
Country and City or County of:	_____
My Commission Expires:	_____