

**Montana Certificate of Escrow Deposit by
Non-Participating Manufacturer**

Part 1: Manufacturer Identification

Name: _____
Street address: _____
City, State, Country, ZIP: _____
Telephone number: _____
E-mail address: _____
Fax number: _____
Name of distributor(s)/wholesaler(s) that sells your cigarettes in Montana and brand(s) sold: _____

Part 2: Liability Year. The liability year for this certificate is:

2017

Part 3: Units Sold

1. Number of individual cigarettes and units of "roll-your-own" tobacco sold by the manufacturer during 2017

1. _____

Part 4: Deposit Amount

2. The deposit amount for 2017 is \$.0188482 per unit sold. The 2017 inflation adjustment is \$.0148934 per unit sold. The total amount due, adjusted for inflation, is \$.0337416.

2. _____ **\$.0337416**

3. Multiply line 1 by line 2 to calculate the total deposit due.

3.

Note: Attach a copy of your receipt or other proof of deposit from your financial institution as well as a copy of the escrow agreement between you and the institution.

Part 5: Financial Institution

Name: _____
Street address: _____
City, State, Country, ZIP: _____
Escrow account number: _____ Total amount held in this account: \$ _____

Part 6: Signature

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this certificate is true and accurate. This document must be signed and dated by an authorized notary public.

SWORN AND SUBSCRIBED TO before me
this ____ day of _____, 20____.

Date

(SEAL)

Signature of Authorized Agent

Signature of Notary Public

Printed Name of Authorized Agent

Printed Name of Notary

Title

City / State: _____

My Commission Expires: _____