Washington Certificate of Nonparticipating Manufacturer Regarding Quarterly Escrow Payment

Part 1: Manufacturer's identification

1. Name:	
2. Street address:	
4. Telephone number:	5. Email address:
Part 2: Liability quarter/year Complete only one year of liability on this form. 6. The liability quarter/year for this certificate is:	Quarter # Sales Year 2020
Part 3: Units sold	
7. Number of individual cigarettes and roll-your o year bearing Washington cigarette tax stamps is as	own sold by the manufacturer identified above during the liability follows:
Part 4: Deposit amount For Liability Year 2007 and thereafter, the base rate	te per cigarette is 0.0188482.
8. Multiply the number of Units Sold by 0.036870 enter the amount here: Note: Attach a copy of your receipt or other proof	4* (2020 combined base rate and estimated annual inflation rate) and \$ for deposit from your financial institution.
Part 5: Financial institution 9. Name:	
City, state, country, ZIP:	
10. Escrow account number	Total amount held in this account \$
Part 6: Signature Under penalties of perjury, I state that, to the best of is true and accurate. This document must be signed.	of my knowledge, all of the information contained in this certificate d and dated by an authorized notary public.
Print the name of authorized agent	Title
Signature of authorized agent	Date
Signed at (City)	
Subscribed and sworn to before me this	day of, 2020.
Signature of Notary Public:	My commission expires:
The form should be sent to either the following ma	ailing address or, if by courier, to our delivery address:
NPM Coordinator Attorney General's Office Revenue & Finance Division	NPM Coordinator Attorney General's Office Revenue & Finance Division
PO Roy 40123	7141 Cleanwater Drive SW

Tumwater, WA 98501

Olympia, WA 98504-0123

^{*} The cumulative inflation adjustment is calculated pursuant to Exhibit C of the MSA.