TOB: TPM CERT



ALABAMA DEPARTMENT OF REVENUE

BUSINESS & LICENSE TAX DIVISION TOBACCO TAX SECTION

P.O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627 www.revenue.alabama.gov

Tobacco Product Manufacturer Certificate of Compliance

(Including Importers) For Sales Year 2017

PART 1 – TOBA	ACCO PRODUCT	Γ MANUFAC	TURER (TPI	M) IDENTIFICATION							
Company:				F	EIN:						
			ə:	Zip/Postal Code:Country:							
Telephone Numb	ber: ()_			FAX Number: ()							
E-mail Address:											
Name and Title	of Person Compl	eting Report	:								
The Tobacco P	roduct Manufac	turer identif	ied above is	, as of the date of this Certification	: (Initia	al Or	ie)				
A Part	icipating Manufac	cturer under	the Tobacco	Master Settlement Agreement.							
A Toba	acco Product Mai	nufacturer in	full complian	nce with Alabama Code Sections 6-12	-3 and 6	6-12/	۹-5(e).				
Federal Permit N	Number (26 U.S.	C. § 5713): _									
PART 2 – BRAN	ND FAMILY IDEN	ITIFICATION									
	anufacturers – o		lumns A & B;	Non-Participating Manufacturers (NPM) –	com	plete (Colum	ıns A t	hroug	jh F
A. BRAND FAMILY ¹	B. BRAND NAME	C. UNITS SOLD CERTIFICATION YEAR (2017)	D. HAS THIS BRAND BEEN SOLD IN 2018? (YES OR NO)	E. OTHER MANUFACTURER THAT MANUFACTURED THE BRAND FAMILY IN THE PRECEDING OR CURRENT CALENDAR YEAR (NAME AND ADDRESS)	F.	NAME		DRESS (OF IMPOI	RTER	

¹Indicate with an asterisk (*) those brands that will not be sold in Alabama as of the date of certification.

PART 3 – NON-PARTICIP	ATING MANUFACTURER/IMPO	ORTER CERTIFICATION					
A. Registered Agent/App	roved Agent for Service of Pro	ocess					
Agent Name:							
Company:							
Address:							
City:		State:	Zip Code:				
Telephone Number: ()	FAX Number: ()				
NOTE: Telephone numbe	r and fax number must be Ala	bama numbers.					
E-mail Address:							
Registered with the Secret	ary of State as a foreign corpora	ation or business entity?	□ No				
If Yes, Date Registered:		Is the registration current as of the	date of certification? \square Yes \square No				
B. Qualified Escrow Fund	d – Financial Institution						
Name of Institution:							
Address:							
City:		State:	Zip Code:				
Representative Name:		Telephone Number: ()					
Escrow Account Number:		State Account Number:					
C. Escrow Deposit/Withd	rawal History for Alabama – A	ttach NPM Certificate of Escrow	Deposit				
DATE	DEPOSIT	WITHDRAWAL ²	BALANCE				
	\$	\$	\$				
(Initial certification should	l include a complete history. An	nual certifications thereafter should	ld be for the applicable sales year.)				
PART 4 – EXECUTION BY	Y AUTHORIZED AGENT						
to induce the State of Alal	bama to place the above-name	d manufacturer and its brand fami	rect and complete. This certificate is made ly on the Directory of Compliant Tobacco r is in full compliance with Title 6, Chapter				
Name of Authorized Agent	_ Title:						
Signature of Authorized Ag	_ Date:						
Subscribed and sworn to b	pefore me on this date:		_				
Signature of Notary Public	:		_				
Notary for the State of:		City or County of:					
My Commission expires: _			-				
Mail the completed TPM	Certificate of Compliance to:	Alabama Department of Revenue Attn: Commissioner of Revenue P.O. Box 327555 Montgomery, AL 36132-7555					

² Withdrawals must comply with Alabama Code §6-12-3. Verification of compliance must be provided.