



# 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

TOB: TPM CERT  
3/22

# Tobacco Product Manufacturer Certificate of Compliance (Including Importers) For Sales Year 2021

#### PART 1 – TOBACCO PRODUCT MANUFACTURER (TPM) IDENTIFICATION

Company: \_\_\_\_\_ FEIN: 

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name and Title of Person Completing Report: \_\_\_\_\_

**The Tobacco Product Manufacturer identified above is, as of the date of this Certification: (Initial One)**

\_\_\_\_\_ A Participating Manufacturer under the Tobacco Master Settlement Agreement.

\_\_\_\_\_ A Tobacco Product Manufacturer in full compliance with Alabama Code Sections 6-12-3 and 6-12A-5(e).

Federal Permit Number (26 U.S.C. § 5713): \_\_\_\_\_

#### PART 2 – BRAND FAMILY IDENTIFICATION

**Participating Manufacturers** – complete Columns A & B; **Non-Participating Manufacturers (NPM)** – complete Columns A through F. Attach additional sheets if necessary.

A. BRAND FAMILY <sup>1</sup>	B. BRAND NAME	C. UNITS SOLD CERTIFICATION YEAR (2021)	D. HAS THIS BRAND BEEN SOLD IN 2022? (YES OR NO)	E. OTHER MANUFACTURER THAT MANUFACTURED THE BRAND FAMILY IN THE PRECEDING OR CURRENT CALENDAR YEAR (NAME AND ADDRESS)	F. NAME AND ADDRESS OF IMPORTER (IF APPLICABLE)

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

**PART 3 – NON-PARTICIPATING MANUFACTURER/IMPORTER CERTIFICATION**

**A. Registered Agent/Approved Agent for Service of Process**

Agent Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_\_) \_\_\_\_\_

**NOTE: Telephone number and fax number must be Alabama numbers.**

E-mail Address: \_\_\_\_\_

Registered with the Secretary of State as a foreign corporation or business entity?  Yes  No

If Yes, Date Registered: \_\_\_\_\_. Is the registration current as of the date of certification?  Yes  No

**B. Qualified Escrow Fund – Financial Institution**

Name of Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Escrow Account Number: \_\_\_\_\_ State Account Number: \_\_\_\_\_

**C. Escrow Deposit/Withdrawal History for Alabama – Attach NPM Certificate of Escrow Deposit**

DATE	DEPOSIT	WITHDRAWAL <sup>2</sup>	BALANCE
	\$	\$	\$

*(Initial certification should include a complete history. Annual certifications thereafter should be for the applicable sales year.)*

**PART 4 – EXECUTION BY AUTHORIZED AGENT**

Under penalty of perjury, I state that the statements contained in this certification are true, correct and complete. This certificate is made to induce the State of Alabama to place the above-named manufacturer and its brand family on the Directory of Compliant Tobacco Products and Manufacturers in Alabama. I further certify that the above-named manufacturer is in full compliance with Title 6, Chapter 12, of the Alabama Code.

Name of Authorized Agent (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before 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

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