

NPM-US

Part 1: Certification Year and Type of Certification Certification Year: Complete a separate form for each Certification Year □ **2024** ☐Other: that you are certifying. Certification Year 2024 is for sales made in 2023. Type of Certification: ☐ Annual ☐ Initial ☐ Supplemental (check one) Part 2: Manufacturer Identification Company Name: Name and Title of Person Completing this Form: Mailing Address: Country: City: Zip Code: State: Phone: FEIN: Fax: Part 3: Brand Family Certification (Attach Brands Addendum pages as necessary) The undersigned manufacturer certifies, under penalty of perjury, as of the date of this certification, it is a Non-Participating Manufacturer (NPM) and is in full compliance with N.J.S.A. 52:4D-1 et seq. The undersigned NPM certifies that the following list is a complete list of all of its brand families, which are to be deemed to be its cigarettes (including RYO product) for purposes of N.J.S.A. 52:4D-1 et seq. Nothing in this certification shall limit or otherwise affect the State's right to maintain that a brand family constitutes cigarettes or roll-your-own tobacco of a different tobacco product manufacturer for purposes of N.J.S.A. 52:4D-1 et seq. Include with your certification sample packaging for each brand family named. If you have previously supplied packaging to the Attorney General, and if the packaging has not changed, samples need not be supplied with this certification. You must submit new packaging each time you change your packaging or add new brand families. Packaging: Check Flavoring: Report Units Sold in Sticks for Cigarettes Here if packaging Check Here if your and in Ounces for RYO was previously cigarette or RYO submitted and is has a characterizing **Brand Family** Check One unchanged. flavor other than N.J.S.A. 52:4Dmenthol, clove or Units Sold in Units Sold in tobacco, N.J.S.A. 10(d) 2022 2023 2A:170-51.6 □ Cigarette □ RYO □ Cigarette □ RYO □ Cigarette □ RYO □ Cigarette □ RYO □ Cigarette \square RYO **Total of RYO Ounces Total of Cigarette Sticks**



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vart 3 (cont.): PACT Act Registration	£1 - 1:41 - 41 - II-:4- 1 C4-4-	D	
Have you attached a copy of your Federal PACT Act Registration Form	as filed with the United States	s Department of Justice?	
Yes No If No, please explain:			
art 4: Certification of Escrow Account and Agreement			
The NPM certifies that it has established, and continues to maintain, a fu	lly funded qualified escrow a	account nursuant to N I S A	
2:4D-1 et seq.	ny randed, quantred eserow t	ecount, pursuant to 14.5.5.71	
22.4D 1 <u>ct scq.</u>			
Name of Financial Institution (Escrow Agent):			
Name of Financial institution (Escrow Agent).			
Mailing Address:			
vianing Address.			
City:	State:	Zip Code:	
eny.		Zip code.	
Phone:	Fax:	1	
	1		
Contact Person:	Contact E-mail:		
Escrow Account Number:	Total Amount held in this Account for New Jersey		
		,	
New Jersey Sub-Account Number:	\$		
to worder sub-ricount realison.	Ψ		
Are funds held for the benefit of the State of New Jersey in any account	other then that listed above?	□ Yes □ No	
Are funds held for the benefit of the State of New Jersey in any account of	other than that listed above?		
If you answered "yes," write the total amount of all funds that are being	neld in any account for the		
penefit of the State of New Jersey, including the amount listed above.	icia in any account for the	\$	
mental of the state of few sersey, <u>including the amount listed above.</u>		Ψ	
Has the Qualified Escrow Agreement been approved by the Attorney		Date of Agreement:	
General? Attach an executed copy of your current escrow agreement	- W - M	Date of Agreement.	
	□ Yes □ No		
whether or not it has already been approved by the Attorney General.		Ammayyal Datas	
		Approval Date:	



Total of RYO Ounces

(From Part 3)

State of New Jersey Non-Participating Manufacturer Certification of Brand Family and Units Sold

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Refer to Worksheet at left to calculate the number of

individual cigarettes, including roll your-own tobacco (.09 ounces = 1 cigarette), which were manufactured by this

Part 5: Worksheet for Cigarettes Sold During Liability Year

RYO Stick Calculation (Divide RYO Ounces by .09)		manufacturer and sold in New Jersey during this reporting period. Certification Year 2024 Worksheet is for sales made in 2022:		
Total of Cigarette Sticks				
(From Part 3)		□ 2024	☐ Other:	
T. J. I.N. D. C. J.				
Total NPM Sales		(Please convert pounds to ounces before using this		
(Add RYO Stick Calculation to Total of Cigarette Sticks)		worksheet. Multiply by 16 for each pound)		
Total of Cigarette Sticks)				
Part 6: Deposit Amount (U	se the rates listed below to cal	culate the appr	opriate deposit amount)	
For the 2023 liability period, the rate per cigarette is				
Enter the escrow amount	t owed per stick, adjusted for inflation		\$0.0434202	
2. Enter the amount of Total NPM Sales calculated in Part 5 of this NPM-US Form		\$		
3. Multiply Line 1 by Line 2 and write down this number. This is the total amount to be paid into the escrow account for this liability year by the manufacturer identified in Part 2 of this NPM-US Form		\$		
4. Enter the total amount paid into the escrow account for this liability year		\$		
5. Amount over/under paid (Difference between Line 4 and Line 3). Provide explanation if not zero.		\$		
Note: Attach a copy of your receipt or other proof of deposit from your financial institution.				



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Part 7: Certification of Deposits, Withdrawals and Transfers (Attach separate page for each sub-account)

The NPM certifies the following to be a complete record of each deposit and withdrawal or transfer which has occurred from any and all accounts containing funds held for the benefit of the State of New Jersey. Report ending balances of all such accounts, even where no deposits or withdrawals occurred. Attach copies of records of the financial institution documenting any account activity.

New Jersey Sub-Account Name:		Name of Financial Institution (Escrow Agent):		
Date	Deposit Amount	Withdrawal or Transfer Amount	Explanation for Withdrawal or Transfer	
Date	Deposit Amount	Withdrawai of Transfer Amount	Explanation for withdrawar of Transfer	
<u> </u>				
Totals	Deposits	Withdrawals/Transfers	Ending Balance for this New Jersey Sub-	
			Account	
	\$	\$	\$	



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Part 8: Designated Contact

Company Name:	~			
Name:		Title:		
Mailing Address:		1		
City:	State:	Zip Code:	Country:	
Phone:	Fax:	E-mail:		
Part 9: Manufacturer Cer	tification			
Under penalties of perjury, I stat attached documents are true and under the laws of the State of Ne Attorney General may require ac	e that, to the best of my knowled accurate and that I am a person a w Jersey or of the jurisdiction while ditional information and/or docu	ge, all of the information contained authorized to bind the manufacture here the manufacturer resides or is amentation to determine whether the aed and dated by an authorized no	r making this certification either organized. I understand that the manufacturer qualifies for	
NPM Authorized Designee (I	Print Name)	Title		
Signature of NPM Authorized	d Designee	Date		
Subscribed and sworn to				
		County	Commission Expires	
Checklist of Required Doc				
of Process and attachments NPM-AI Certification of Actain NPM-S Non-Participating Machine NPM-B Non-Participating Machine of Surety) Federal PACT Registration	Iditional Information Manufacturer's Sales Manufacturer Bond (with proof	 (unless previously supplied a □ Proof of Deposit for Part 6 □ Bank records confirming deposit for Part 7 □ Any Brands Addendum page Certification □ Any Accounts Addendum page Deposits, Withdrawals and Terminate Page 1 	rand family identified in Part 3 and it has not changed) posits, withdrawals or transfers as for Part 3 Brand Family ages for Part 7 Certification of	
Submit the completed certification documentation to the Tobacco E		For Additional Information:		
Address: New Jersey Office of the Attorno Division of Law 124 Halsey Street P.O. Box 45029 Newark, New Jersey 07101 ATTN: Tobacco Enforcement	ey General	Phone Tobacco Enforcement Un Or visit https://ww manufacturers-directory	it at 973-648-4846 vw.njoag.gov/resources/tobacco-	



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General Information

Who must file this Certification?

Any Non-Participating Manufacturer whose cigarettes or roll-your-own tobacco (RYO) were sold in New Jersey during the preceding calendar year or who intend for their brands to be listed as compliant in the New Jersey Attorney General's Manufacturers Directory. If a brand is not listed in this certification, it will not be listed in the Directory.

What is a Non-Participating Manufacturer?

A Non-Participating Manufacturer (NPM) is any cigarette (including RYO) manufacturer who has not signed on to the tobacco Master Settlement Agreement (MSA).

It is unlawful to stamp or offer for sale in the State of New Jersey any cigarette or RYO brand which is not included in the New Jersey Attorney General's Manufacturers Directory. Non-Participating Manufacturers will receive written notification when their brands have been deemed compliant for sale in New Jersey.

What is a qualified escrow fund?

An escrow arrangement with a U.S. federal or U.S. state chartered financial institution having no affiliation with any Tobacco Product Manufacturer and having assets of at least one billion dollars (\$1,000,000,000) where such arrangement requires that the financial institution hold the escrowed funds' principal for the benefit of Releasing Parties and prohibits the Tobacco Product Manufacturer placing the funds into escrow from using, accessing or directing the use of the funds' principal except as consistent with the applicable NPM Statutes.

All funds shall be held by the Escrow Agent in sub-accounts separate and apart from all other funds and sub-accounts of each Beneficiary State.

When must I make my escrow payment?

You must deposit all escrow payments into your qualified escrow fund on or before April 15 of each year for the preceding year's sales. After you have made your deposit, provide a copy of your receipt or other proof of deposit from your financial institution, along with your escrow agreement, any amendments and this certification.

Updates required

The NPM shall update its certification list at least 30 days prior to any addition to or modification of the NPM's brand families by executing and delivering a supplemental certification to the Attorney General.

When is this Certification due?

The annual Certification must be filed with the Attorney General no later than April 30 of each year for the preceding year's sales. An initial certification may be filed at any time.

Where do I send my completed Certification?

Mail this completed Certification (NPM-US), the NPM-A form (Certification of Appointment of Agent for Service of Process), the NPM-AI (Certification of Additional Information), NPM-S (Non- Participating Manufacturer's Sales Information), NPM-B (Bond) and related documents to:

Tobacco Enforcement Unit Division of Law 124 Halsey Street P.O. Box 45029 Newark, New Jersey 07101

Specific Instructions for NPM-US Form

Part 1: Certification Year and Type of Certification

• Check appropriate certification year. You must submit a separate certification for each year you are certifying.



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- If "Other" is checked, enter liability year for which certification is being provided.
- Check whether this is an initial (manufacturer is not currently listed on the New Jersey Directory), annual (due April 30, 2024 for 2023 sales) or supplemental (change of information provided to the Attorney General) certification.

Part 2: Manufacturer Identification

Provide your company name, address, phone, fax, web address, FEIN, and name and title of person completing the form.

Part 3: Brand Family Certification

- Fabricator: Entity that assembles the tobacco product for consumer use, i.e., assembles tobacco into cigarettes or blends and packages tobacco into RYO tobacco.
- Brand Family: Provide the brand name, which may include many brand styles (menthol, 100's, etc.).
- Identify each Brand Family of all cigarettes that the company intends to sell in New Jersey, either directly or indirectly through any distributor, wholesale dealer, retailer or similar intermediary, and seeks to have included in the Directory.
- Flavoring: Identify RYO, cigarettes or a component part thereof that causes cigarettes or smoke from them to have a characterizing flavor other than menthol, clove or tobacco.
- If more than one company manufactures a brand you are certifying (e.g., you manufacture only the RYO or only the menthol cigarettes, etc. for a given brand), provide a written explanation of which brand styles you manufacture. Identify the other manufacturer by name and address, and provide a list of brand styles they manufacture, if known. If the identity of the other manufacturer is unknown, provide the name and address of the trademark owner for the brand. Only one company can certify for a brand family.

- Check whether the product is cigarettes or RYO. Where a brand is offered as both cigarettes and RYO, make a separate entry for each.
- Units sold: List the total RYO ounces and total cigarette sticks separately for both the preceding calendar year and the current calendar year (as of the date of certification).
- If you were not the manufacturer of a listed brand in the preceding year, identify by name and address the manufacturers of such Brand Families.
- Provide original packaging for one brand style which is representative of each brand family to be certified. Flat, empty cartons are preferred. If you have previously supplied packaging to the Attorney General and if the packaging has not changed, samples need not be supplied with this certification. Place a check mark in the column provided for each brand family to which this applies. Submit new packaging each time you change your packaging or add new brand families.
- The Attorney General may require a tobacco product manufacturer to submit any additional information including, but not limited to, samples of the packaging or labeling of each brand family as is necessary to enable the Attorney General to determine whether a tobacco product manufacturer is in compliance with N.J.S.A. 52:4D-1 et seq.

Part 4: Certification of Escrow Account and Agreement

- Identify the name, address, phone and fax number for the financial institution (escrow agent) where the NPM has established a qualified Escrow Fund pursuant to N.J.S.A. 52:4D-1 et seq.
- Provide the name and e-mail address for a contact person at the financial institution.



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- Escrow Account Number: Provide the account number for the main escrow account, if one exists.
- New Jersey Sub-Account Number: Provide the account number for the New Jersey sub-account to which a deposit or deposits have been made for the liability year identified in Part 5.
- Total amount held in this account for the State of New Jersey: Amount held in the New Jersey subaccount identified as of the date of certification.
- If there are any other accounts held for the benefit
 of the State of New Jersey, provide the total
 amounts held in these accounts (including the
 sub-account listed in Part 4) as of the date of
 certification.
- If your escrow agreement has been approved by the Attorney General under N.J.S.A. 52:4D-1 et seq. check "Yes." Please provide the effective date of the Escrow Agreement as well as the date of approval by the Attorney General, and attach an executed copy.
- If your escrow agreement has not been approved by the Attorney General under N.J.S.A. 52:4D-1 et seq. check "No" and attach an executed copy.

Part 5: Worksheet for Cigarettes Sold During Liability Year

Use the instructions in the worksheet to convert RYO product to sticks and combine it with the cigarette stick count for the liability year. The result of this calculation will be used to determine the deposit amount in Part 6.

Part 6: Deposit Amount

- Use Lines 1 through 3 to calculate the total amount to be paid into escrow for the liability year identified in Part 5.
- The amount listed on Line 4 should include the total of any quarterly, reconciliation, or other payments which have been made for the liability year identified in Part 5, as of the date of certification.

- The amount listed on Line 5 is the difference, if any, between the amounts listed on Line 3 and Line 4.
- Attach proof of deposit(s) from your financial institution. Proof must include the account number of the New Jersey sub-account, the date of deposit, and the amount of deposit. Such proof can be submitted as a letter from the bank.
- Provide an explanation for any discrepancy between the amounts listed on Lines 3 and 4.

Part 7: Certification of Deposits, Withdrawals, and Transfers

- Use a separate page for each account or subaccount in which funds are held for the benefit of the State of New Jersey.
- Identify the New Jersey sub-account number and escrow agent (financial institution).
- Provide dates and amounts of deposits, withdrawals, and transfers for all activity prior to the date of certification.
- For ANY withdrawal or transfer, you must provide a brief explanation.
- For initial certification under <u>N.J.S.A.</u> 52:4D-1 <u>et seq.</u>, provide all deposit, withdrawal, or transfer activity (for each account) for the entire time each account has been funded.
- For any accounts where New Jersey funds are NOT held separate and apart from that of other states, all activity must be reported, regardless of whether it involves funds held for the State of New Jersey.
- Provide records from the Financial Institution to document any account activity.

Part 8: Designated Contact

Provide the name, title, address, phone and fax numbers, and e-mail address for the individual the Attorney General should contact with respect to matters relating to this certification. The designated contact is the individual who will receive Attorney General mailings, including the annual certification mailing.



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Part 9: Manufacturer Certification

The authorized designee executing the certification must be an officer, principal, director or other authorized representative of the manufacturer. The authorized designee's name and title must be legibly printed and the signature must be notarized.