

**1999 Georgia Certificate of Nonparticipating
Manufacturer Regarding Escrow Payment**

Part 1: Manufacturer's identification

- 1. Name: _____
- 2. Street address: _____
- 3. City, state, country, ZIP: _____
- 4. Telephone number: _____
- 5. Electronic mail address: _____

Part 2: Liability year

Complete only one year of liability on this form.

- 6. The liability year for this certificate is: 1999.

Part 3: Units sold

- 7. Number of individual cigarettes sold by the manufacturer identified above during the liability year bearing Georgia cigarette tax stamps is as follows: 7 _____

Part 4: Deposit amount

Use and adjust the rates listed below to figure the appropriate deposit amount.

For the liability year 1999, the inflation-adjusted rate per cigarette is..... \$ 0.0111089

- 8. The deposit subtotal is: 9 _____
(Multiply the units in Line 7 by the rate in Line 8 and enter the result on Line 9)

- 9. The total amount paid into the qualified escrow account by the manufacturer identified above for the liability year is: 10 _____

Note: Attach a copy of your receipt or other proof of deposit from your financial institution.

Part 5: Financial institution

- 10. Name: _____
Street address: _____
City, state, country, ZIP: _____

- 11. Escrow account number: _____ Total amount held for Georgia \$ _____

Note: Attach a copy of your escrow agreement with your financial institution.

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 to and subscribed before
me this ___ day of _____, 20 ___

Print the name of authorized agent Title

Signature of Notary Public

Signature of authorized agent Date

City / State: _____

MAIL THIS CERTIFICATE TO:
Consumer Interests Section
Georgia Department of Law
40 Capitol Square, SW
Atlanta, Georgia 30334-1300

My commission expires _____ / _____ / _____