

**IOWA NONPARTICIPATING MANUFACTURER
ANNUAL COMPLIANCE WORKSHEET**

Part 1: Manufacturer's Identification

1. Name: _____
 2. Street Address: _____
 3. City, State, Country, Zip: _____
 4. Telephone Number: _____
 5. Electronic Mail Address: _____
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Part 2: Liability Year: Complete only one year of liability on this form.

6. The liability year for this certificate is: _____
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Part 3: Units Sold

7. *"Units sold" means:* the number of individual cigarettes and the amount of "roll-your-own tobacco" (based on .09 ounces of "roll-your-own" tobacco constituting one cigarette), that your company sold in Iowa, whether directly or through a distributor, retailer or similar intermediary or intermediaries during the year in question, as measured by excise taxes collected by the state on cigarette packs or "roll-your-own" tobacco containers bearing the excise stamp of the state.

Units sold in Iowa: 7. _____

Part 4: Deposit Amount

8. The rate for the 2020 liability year: 8. \$0.0368704
This includes the cumulative inflation adjustment calculated pursuant to Exhibit C of the MSA.

9. Multiply Line 8 by Line 7, and write the amount: 9. _____

10. Deduct any deposits made for quarterly escrow payments if applicable. 10. _____

11. **This is the total amount to be paid into the qualified escrow account:** 11. _____

NOTE: Attach a copy of your receipt or other proof of deposit from your financial institution as well as a copy of the escrow agreement between you and the institution.

Part 5: Financial Institution

12. Name: _____
Street Address: _____
City, State, Country, ZIP: _____

13. Escrow Account Number: _____ Total amount held in this account \$ _____
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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 and subscribed before me
this ____ day of _____, 20__

Print the name of the authorized agent Title

Signature of the Notary Public

Signature of the authorized agent Date

City/State: _____

My Commission expires: ____ / ____ / ____