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: ___________________________________________________________

Part 2: Liability Year: Complete only one year of liability on this form.
6. The liability year for this certificate is: _______________

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 2021 liability year: 8. $0.0394647
   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 $ __________

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: ___/___/____