TOB: TPM CERT
4/20

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

Tobacco Product Manufacturer Certificate of Compliance

(Including Importers)

For Sales Year 2019

PART 1 – TOBACCO PRODUCT MANUFACTURER (TPM) IDENTIFICATION

Company: _____ FEIN: ☐☐☐☐☐☐☐☐☐

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[1]	B. BRAND NAME	C. UNITS SOLD CERTIFICATION YEAR (2019)	D. HAS THIS BRAND BEEN SOLD IN 2020? (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)*

[1]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[2]	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

[2] Withdrawals must comply with Alabama Code §6-12-3. Verification of compliance must be provided.