TOB: TPM CERT



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 2024

PART 1 – TOBA	ACCO PRODUCT	MANUFAC	TURER (TPI	M) IDENTIFICATION							
Company:				F	EIN:						
Address:											
City:		State	ə:	Zip/Postal Code:	Cour	ntry: _					
Telephone Numl	ber: ()_			FAX Number: ()							
E-mail Address:											
Name and Title	of Person Comple	eting Report	:								
The Tobacco P	roduct Manufact	turer identif	ied above is	, as of the date of this Certification	n: <i>(Initia</i>	al On	e)				
A Part	icipating Manufac	cturer under	the Tobacco	Master Settlement Agreement.							
A Toba	acco Product Mar	nufacturer in	full complian	ce with Alabama Code Sections 6-12	2-3 and 6	6-12 <i>P</i>	\-5(e).				
Federal Permit I	Number (26 U.S.0	C. § 5713): _									
PART 2 – BRAN	ND FAMILY IDEN	TIFICATION	<u> </u>								
Participating M		complete Co		Non-Participating Manufacturers (NPM) –	com	olete C	olum	ins A	throu	gh F.
A. BRAND FAMILY ¹	B. BRAND NAME	C. UNITS SOLD CERTIFICATION YEAR (2024)	D. HAS THIS BRAND BEEN SOLD IN 2025? (YES OR NO)	E. OTHER MANUFACTURER THAT MANUFACTURED THE BRAND FAMILY IN THE PRECEDING OR CURRENT CALENDAR YEAR (NAME AND ADDRESS)							

¹Indicate with an asterisk (*) those brands that will not be sold in Alabama as of the date of certification.

PART 3 – NON-PARTICIP	ATING MANUFACTURER/IMPO	ORTER CERTIFICATION					
A. Registered Agent/App	roved Agent for Service of Pro	ocess					
Agent Name:							
Company:							
Address:							
City:		State:	Zip Code:				
Telephone Number: ())	FAX Number: (_)				
NOTE: Telephone number	er and fax number must be Ala	bama numbers.					
E-mail Address:							
Registered with the Secret	ary of State as a foreign corpora	ation or business entity?	□ No				
If Yes, Date Registered:		Is the registration current as of the	date of certification? Yes No				
B. Qualified Escrow Fund	d – Financial Institution						
Name of Institution:							
Address:							
City:		State:	Zip Code:				
Representative Name:		Telephone Number: ()					
Escrow Account Number:		State Account Number:					
C. Escrow Deposit/Withd	lrawal History for Alabama – A	ttach NPM Certificate of Escrow	Deposit				
DATE	DEPOSIT	WITHDRAWAL ²	BALANCE				
	\$	\$	\$				
(Initial certification should	l include a complete history. An	nual certifications thereafter should	ld be for the applicable sales year.)				
PART 4 – EXECUTION BY	Y AUTHORIZED AGENT						
to induce the State of Alal	bama to place the above-name	d manufacturer and its brand famil	rect and complete. This certificate is made by on the Directory of Compliant Tobacco is in full compliance with Title 6, Chapter				
Name of Authorized Agent	_ Title:						
Signature of Authorized Ag	Date:						
Subscribed and sworn to b	pefore 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.