



# Form TPM-1

Certification for Calendar Quarters in **2016**

## Certification of Compliance and Affidavit by Nonparticipating Manufacturer Cigarettes Sold to Consumers Within Connecticut During Calendar Quarter

(Rev. 03/16)

1. (Jan.-Mar.)

2. (Apr.-Jun.)

3. (Jul.-Sept.)

4. (Oct.-Dec.)

Complete Form TPM-1 in blue or black ink only.

Read the additional instructions on the back of this form.

An authorized agent of the nonparticipating manufacturer must complete and sign Part I before a notary public. The nonparticipating manufacturer is

also responsible for having an authorized agent of the financial institution complete and sign Part II before a notary public and for filing Form TPM-1 with the Office of the Attorney General on or before **April 30, 2016; July 30, 2016; October 30, 2016; and January 30, 2017, respectively.**

### Part I – To be completed by a nonparticipating manufacturer and signed before a notary public.

Name of nonparticipating manufacturer			Telephone number ( )
Address	Number and street	PO Box	Facsimile (Fax) number ( )
City, town, or post office		State or province	Country
Email address			

1. Financial institution holding the qualified escrow fund for Connecticut	2. Account and sub-account numbers of the escrow fund for Connecticut
----------------------------------------------------------------------------	-----------------------------------------------------------------------

3a. Enter the quantity (sticks) of cigarettes sold to consumers within Connecticut, during the calendar quarter checked above. (Enter amount from <i>Schedule A</i> , Line 1.)	3a.	
3b. Enter the quantity (sticks) of roll-your-own cigarette tobacco sold to consumers within Connecticut, during the calendar quarter checked above. (Enter amount from <i>Schedule B</i> , Line 1.)	3b.	
3. Add Line 3a and Line 3b.	3.	
4. Enter amount required to be placed into the qualified escrow fund for Connecticut sales, during the calendar quarter checked above: Multiply Line 3 by \$0.0327588.	4.	
5. Enter amount placed into the qualified escrow fund for Connecticut attributable to Connecticut sales reported on Line 3.	5.	
6. Enter total of all deposits placed in the qualified escrow fund for Connecticut to date, including amount reported on Line 5.	6.	
7. Enter current account balance of the qualified escrow fund for Connecticut, including amount reported on Line 5.	7.	

**Declaration:** I declare under the penalty of false statement that I have examined Part I of this form and, to the best of my knowledge and belief, it is true, complete, and correct. The penalty for false statement is imprisonment not to exceed one year, a fine not to exceed \$2,000, or both. I authorize the financial institution named above to verify the balance in the bank account identified above, and any deposits thereto and withdrawals therefrom, for the State of Connecticut, Office of the Attorney General, upon request by that office.

Signature of authorized agent of nonparticipating manufacturer	Printed or typed name of authorized agent	Title of authorized agent
Subscribed and sworn to before me this _____ day of _____, 20 _____		
My commission expires: _____		
Signature of notary public		

### Part II – To be completed by financial institution holding qualified escrow fund and signed before a notary public.

Name of financial institution holding the qualified escrow fund			Telephone number ( )
Address	Number and street	PO Box	Fax number ( )
City, town, or post office		State or province	ZIP code
Email address			

**Declaration:** I declare under penalty of false statement that the nonparticipating manufacturer named above has placed money into the bank account identified above and that I have examined Part II of this form and, to the best of my knowledge and belief, it is true, complete, and correct. The penalty for false statement is imprisonment not to exceed one year, a fine not to exceed \$2,000, or both. In accordance with the authorization given by the nonparticipating manufacturer mentioned above, I agree to verify the balance in the account identified above, and any deposits thereto and withdrawals therefrom, for the State of Connecticut, Office of the Attorney General, upon request by that office.

Signature of authorized agent of financial institution	Printed or typed name of authorized agent	Title of authorized agent
Subscribed and sworn to before me this _____ day of _____, 20 _____		
My commission expires: _____		
Signature of notary public		

## Schedules A and B – To be completed by a nonparticipating manufacturer

**Schedule A** - Cigarettes (sticks) sold to consumers within Connecticut during the calendar quarter checked on Page 1. Enter brand, purchaser's name, and the number of cigarettes (sticks) sold to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries, during calendar quarter. Also report the purchaser's "stamper" status to the right of Column B. Attach additional sheet(s) as necessary to provide a complete response.

Column A Brand	Column B Name of Purchaser of Cigarettes and Stamper Status	Stamper	Column C Number of Cigarettes (sticks)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
1. Total from Column C: enter here and on Part I, Line 3a. ....			1.

**Schedule B** - Roll-your-own cigarette tobacco (converted to sticks) sold to consumers within Connecticut during the calendar quarter checked on Page 1.

Enter brand, purchaser's name, and the quantity of roll-your-own cigarette tobacco (in sticks) sold to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries, during calendar quarter. Each nine one-hundredths of an ounce (0.09) of roll-your-own cigarette tobacco constitutes one stick. Attach additional sheet(s) as necessary to provide a complete response.

Column A Brand	Column B Name of Purchaser of Roll-your-own Cigarette tobacco	Column C Ounces Converted to Sticks
1. Total from Column C: enter here and on Part I, Line 3b. ....		1.

### Form TPM-1 - Instructions

#### Who Must File

Each nonparticipating manufacturer selling cigarettes to consumers within Connecticut, whether directly or through a distributor, dealer, or similar intermediary or intermediaries, must establish a qualified escrow fund for the benefit of the State of Connecticut and other settling states, place the required amount of money into a qualified escrow fund, and file **Form TPM-1, Certification of Compliance and Affidavit by Nonparticipating Manufacturer**. For more information on completing this form, see **Announcement 2016(2), 2016 Revisions of Forms TPM-1, TPM-2, and TPM-4**.

Visit the DRS website at [www.ct.gov/DRS](http://www.ct.gov/DRS) to download and print Connecticut tax forms and publications.

#### When and Where to File

No later than 30 days after the end of each quarter, the nonparticipating manufacturer must place the required amount of money into a qualified escrow fund and send Form TPM-1, signed before notaries

by the nonparticipating manufacturer and the financial institution, to the following address:

Submit the original to:

Office of the Attorney General  
Finance Department  
PO Box 120  
Hartford CT 06141-0120

Submit a copy to:

Department of Revenue Services  
Attn: Tax Division Chief, Audit Division  
Excise/Public Service Subdivision  
25 Sigourney St Ste 2  
Hartford CT 06106-5032

For further information contact:

Office of the Attorney General  
State of Connecticut  
860-808-5270