



**STATE OF SOUTH CAROLINA
NPM QUARTERLY SALES INFORMATION
AND QUARTERLY ESCROW PAYMENT CERTIFICATION FORM**

SALES YEAR: 2024

SALES QUARTER:

1ST QUARTER 2ND QUARTER 3RD QUARTER 4TH QUARTER

Manufacturer Identification			
Company Name:			Date:
Address:			
City:	State:	Zip:	Country:
Telephone Number:		E-Mail Address:	
Name/Title of Person Completing Form:			

Units Sold in South Carolina in the Quarter (attach additional pages as needed)			
Instructions for Manufacturer: List each distributor that is responsible for South Carolina tax on the cigarette and RYO brand(s). For each distributor, provide the sales information requested.			
Distributor Name:			
Brand Family:	RYO	Cigarette	Units Sold: (Sticks or RYO Ounces) _____
Brand Family:	RYO	Cigarette	Units Sold: (Sticks or RYO Ounces) _____
Brand Family:	RYO	Cigarette	Units Sold: (Sticks or RYO Ounces) _____

Certification of Escrow Account and Agreement			
Name of Financial Institution (Escrow Agent):			
Mailing Address:			
City:	State:	Zip Code:	Phone:
Contact Person:		Contact Email:	
Escrow Account Number:		Total amount held in account for state of South Carolina:	
South Carolina Sub-Account Number:			

Calculating the Escrow Deposit Amount for Sales in 2023

- 1a) Enter the total number of cigarettes sold in South Carolina in 2023 (0.09 ounces of "roll-your-own" tobacco shall constitute one individual "cigarette"): 1b)