

**DUE April 30, July 30, October 30, 2026 and January 30, 2027 for Sales in 2026**

**Washington Certificate of Nonparticipating Manufacturer  
Regarding Quarterly Escrow Payment**

**Part 1: Manufacturer's identification**

1. Name: \_\_\_\_\_  
2. Street address: \_\_\_\_\_  
3. City, state, country, ZIP: \_\_\_\_\_  
4. Telephone number: \_\_\_\_\_ 5. Email address: \_\_\_\_\_

**Part 2: Liability quarter/year**

*Complete only one year of liability on this form.*

6. The liability quarter/year for this certificate is: Quarter # \_\_\_\_ Sales Year 2026

**Part 3: Units sold**

7. Number of individual cigarettes and roll-your own sold by the manufacturer identified above during the liability year bearing Washington cigarette tax stamps is as follows: \_\_\_\_\_

**Part 4: Deposit amount**

For Liability Year 2007 and thereafter, the base rate per cigarette is 0.0188482.

8. Multiply the number of Units Sold by **0.0474464\*** (2026 combined base rate and estimated annual inflation rate) and enter the amount here: \$ \_\_\_\_\_

*Note: Attach a copy of your receipt or other proof of deposit from your financial institution.*

**Part 5: Financial institution**

9. Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, country, ZIP: \_\_\_\_\_  
10. 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.

Print the name of authorized agent \_\_\_\_\_ Title \_\_\_\_\_

Signature of authorized agent \_\_\_\_\_ Date \_\_\_\_\_

Signed at (City) \_\_\_\_\_, (State) \_\_\_\_\_ (Country) \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

Signature of Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

The form should be sent to either the following mailing address or, if by courier, to our delivery address:

NPM Coordinator  
Attorney General's Office  
Revenue & Finance Division  
PO Box 40123  
Olympia, WA 98504-0123

NPM Coordinator  
Attorney General's Office  
Revenue & Finance Division  
7141 Cleanwater Drive SW  
Tumwater, WA 98501

\* The cumulative inflation adjustment is calculated pursuant to Exhibit C of the MSA.