DUE April 30, 2024 for Sales in 2023

Washington Certificate of Nonparticipating Manufacturer Regarding Annual Escrow Payment

Part 1: Manufacturer's identification

1. Name:		
2. Street address:		
3. City, state, country, ZIP:		
4. Telephone number:5. Email	il address:	
Part 2: Liability year Complete only one year of liability on this form. 6. The liability year for this certificate is:	_	
Part 3: Units sold		
7. Number of individual cigarettes and roll-your own sold by tyear bearing Washington cigarette tax stamps is as follows:	the manufacturer identified above during the liability	
Part 4: Deposit amount For Liability Year 2007 and thereafter, the base rate per cigare	tte is 0.0188482.	
8. Multiply the number of Units Sold by 0.0434202* (2023 contenter the amount here: Note: Attach a copy of your receipt or other proof of deposit j	\$	
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 knowl is true and accurate. This document must be signed and dated by		
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	, 2024.	
Signature of Notary Public:	My commission expires:	
This completed form should be sent to either the following ma	iling address or, if by courier, to our delivery address:	
Attorney General's Office At	PM Coordinator torney General's Office evenue & Finance Division	
PO Box 40123 71	7141 Cleanwater Drive SW	

Tumwater, WA 98501

Olympia, WA 98504-0123

^{*} The cumulative inflation adjustment is calculated pursuant to Exhibit C of the MSA.