



# Information Regarding Escrow Deposit

## Attachment to Form CG-30

This form may only be used to report funds escrowed for sales made during calendar year 2017. To report escrow funds for any other year, contact the Tax Department for the correct form. See Form CG-30-I, *Instructions for Forms CG-30, CG-30.1, and CG-30.2*.

**Note:** Form CG-30.2 must be filed **only** with the Commissioner of Taxation and Finance and the Attorney General of New York State (NYS). This form is **not** required to be submitted to the cigarette stamping agents or distributors of roll-your-own (RYO) tobacco.

**A copy of the escrow agreement with the financial institution must be provided to the Attorney General with this form.**

Legal name of non-participating manufacturer	Date	Federal employer identification number (EIN)
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In accordance with the provisions of Public Health Law (PHL) section 1399-pp, and as certified on Form CG-30, *Certification of Tobacco Master Settlement Agreement Status*, the above-named tobacco product manufacturer is a non-participating manufacturer in the Tobacco Master Settlement Agreement and has established all required escrow deposits for calendar year 2017, as described below.

**1** List by complete brand name the number of individual cigarettes (sticks) and RYO tobacco manufactured by you and sold during calendar year 2017 in NYS.

Complete brand name(s)*	Number of cigarettes (sticks) and RYO tobacco (.09 oz. = 1 cigarette)
Total number of cigarettes (sticks) and RYO tobacco.....	<b>1.</b>

\* Be sure the complete brand name(s) of the cigarettes or RYO tobacco is listed, including the following (*attach additional sheets, if necessary*):

- filtered or unfiltered
- descriptive information (such as menthol or slim)
- size (such as regular, king, 100's, etc.)
- indication if brand is an RYO tobacco product
- other information as necessary to identify the product

**2** Escrow rate for cigarettes and RYO tobacco sold during calendar year 2017. (This rate includes both the rate and the inflation adjustment required by PHL section 1399-pp (2).) .....

<b>2.</b>	\$ 0.0337416
<b>3.</b>	\$

**3** Amount deposited into the qualified escrow fund for calendar year 2017 (*multiply line 1 by line 2*) .....

**4**

Name of financial institution	
Address of financial institution	
Escrow account number	Total cumulative amount held for NYS
	\$