IOWA NONPARTICIPATING MANUFACTURER
ANNUAL COMPLIANCE WORKSHEET

Part 1: Manufacturer's Identification

1. Name:_____

2. Street Address:_____

3. City, State, Country, Zip:_____

4. Telephone Number:_____

5. Electronic Mail 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. *"Units sold" means:* the number of individual cigarettes and the amount of "roll-your-own tobacco" (based on .09 ounces of "roll-your-own" tobacco constituting one cigarette), that your company sold in Iowa, whether directly of through a distributor, retailer or similar intermediary or intermediaries during the year in question, as measured by excise taxes collected by the state on cigarette packs or "roll-your-own" tobacco containers bearing the excise stamp of the state.

Units sold in Iowa: 7._____

Part 4: Deposit Amount

8. The rate for the 2025 liability year: 8. $0.0460645
This includes the cumulative inflation adjustment calculated pursuant to
Exhibit C of the MSA.

9. Multiply Line 8 by Line 7, and write the amount: 9. _____

                                                            _

10. Deduct any deposits made for quarterly escrow payments if applicable. 10._____

11. **This is the total amount to be paid into the qualified escrow account**:11. _____
   NOTE: Attach a copy of your receipt or other proof of deposit from your
   financial institution as well as a copy of the escrow agreement between you and the institution.

Part 5: Financial Institution

12. Name: _____

   Street Address: _____

   City, State, Country, ZIP: _____

13. 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).

Sworn and subscribed before me   _____
this _____day of _____ , 20____   Print the name of the authorized agent   Title

_____   _____
Signature of the Notary Public   Signature of the authorized agent   Date

City/State:_____

My Commission expires: _____/_____/_____