



Information Regarding Escrow Deposit
Attachment to Form CG-30

CG-30.2

This form may only be used to report funds escrowed for sales made during calendar year 2024. 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 New York State Attorney General. 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 New York State Attorney General with this form.

Legal name of non-participating manufacturer	Date	Employer identification number (EIN)
Telephone number (include area code or country code)	Email address	

In accordance with the provisions of Public Health Law (PHL) § 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 2024, 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 2024 in New York State.

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

* Be sure the complete brand name 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, and so on)
- 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 2024. This rate includes both the rate and the inflation adjustment required by PHL § 1399-pp (2).	2.	\$	0.0447228
3 Amount deposited into the qualified escrow fund for calendar year 2024 (<i>multiply line 1 by line 2</i>)	3.	\$	

4 Name of financial institution	
Address of financial institution	
Escrow account number	Total cumulative amount held for New York State \$