



# State of Illinois Certification of Tobacco Products Manufacturer

**TPM-Escrow  
Accounts  
Addendum**

**Manufacturer Identification** (Attach addendum pages to TPM-Escrow Certification Form.)

Company Name _____	Accounts Addendum Page ____ of ____
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**Part 7: Certification of Deposits, Withdrawals and Transfers** Prepare separate page for each sub-account.

The TPM certifies the following to be a complete record of each deposit and withdrawal or transfer which has occurred from any and all accounts containing funds held for the benefit of the State of Illinois. Report ending balances of all such accounts, even where no deposits or withdrawals occurred. Attach copies of records of the financial institution documenting any account activity.

Illinois Sub-Account Number	Name of Financial Institution (Escrow Agent)		
Date	Deposit Amount	Withdrawal or Transfer Amount	Explanation for Withdrawal or Transfer
<b>Column Totals</b>	<b>Deposits</b>	<b>Withdrawals/Transfers</b>	<b>Ending Balance for this Illinois Sub-Account</b>
\$	\$	\$	\$