



MISSOURI DEPARTMENT OF
REVENUE
 Common Carrier Monthly Report Cigarette Tax

Carrier	Name		Federal Employer Identification Number				Month and Year (MM/YYYY) ____/____			
	Address					City				
	State	Zip Code	E-mail Address				Phone Number (____) ____ - ____			

Packages of Cigarettes Consigned	Consignor Invoice Number	Consignor	Point of Origin	Consignee	Point of Delivery	Delivery Date (MM/DD/YYYY)	Packages		
							Delivered	Refused	Returned

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.			
	Signature	Printed Name	Title	Date (MM/DD/YYYY) ____/____/____

Mail to: Taxation Division
 P.O. Box 811
 Jefferson City, MO 65105-0811

Phone: (573) 751-7163
TTY: (800) 735-2966
Fax: (573) 522-1720
E-mail: DOR.tobacco@dor.mo.gov

Visit dor.mo.gov/business/tobacco/
 for additional information.

Form 267 (Revised 01-2024)



