

MISSOURI DEPARTMENT OF  
**REVENUE**

**Other Tobacco Products Receipts Schedule**  
**Retailer Purchases From Unlicensed Out-of-State Suppliers**

Company		License Number	Month	Year
Address		City	State	Zip Code

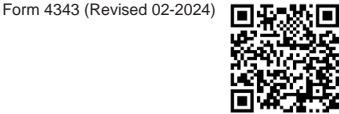
	Invoice Date (MM/DD/YYYY)	Invoice Number	Purchased From	Address (City, State, Zip)	Manufacturer's Invoice Price (Before Discounts and Deals)
1	___/___/_____				\$
2	___/___/_____				
3	___/___/_____				
4	___/___/_____				
5	___/___/_____				
6	___/___/_____				
7	___/___/_____				
8	___/___/_____				
9	___/___/_____				
10	___/___/_____				
11	___/___/_____				
12	___/___/_____				
13	___/___/_____				
14	___/___/_____				
15	___/___/_____				
16	___/___/_____				
17	___/___/_____				
18	___/___/_____				
19	___/___/_____				
20	___/___/_____				
21	___/___/_____				
22	___/___/_____				

Total — Enter on Line 1 of the Other Tobacco Products Summary First Sale Retailers Monthly Report of Purchases <a href="#">Form 4341</a> or, if necessary, continue on Page 2 (reverse) of this form . . . . .					\$
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**Mail to:** Taxation Division  
P.O. Box 3320  
Jefferson City, MO 65105-3320

**Phone:** (573) 751-5772  
**Fax:** (573) 522-1720  
**E-mail:** [DOR.tobacco@dor.mo.gov](mailto:DOR.tobacco@dor.mo.gov)

Visit [dor.mo.gov/business/tobacco/](http://dor.mo.gov/business/tobacco/)  
for more information.



		Enter Total from Form 4343, Page 1 .....			\$
	Invoice Date (MM/DD/YYYY)	Invoice Number	Purchased From	Address (City, State, Zip)	Manufacturer's Invoice Price (Before Discounts and Deals)
23	___/___/_____				\$
24	___/___/_____				
25	___/___/_____				
26	___/___/_____				
27	___/___/_____				
28	___/___/_____				
29	___/___/_____				
30	___/___/_____				
31	___/___/_____				
32	___/___/_____				
33	___/___/_____				
34	___/___/_____				
35	___/___/_____				
36	___/___/_____				
37	___/___/_____				
38	___/___/_____				
39	___/___/_____				
40	___/___/_____				
41	___/___/_____				
42	___/___/_____				
43	___/___/_____				
44	___/___/_____				
45	___/___/_____				
46	___/___/_____				
47	___/___/_____				
48	___/___/_____				
49	___/___/_____				
50	___/___/_____				
51	___/___/_____				
52	___/___/_____				
Total — (Lines 1 to 48 inclusive) Enter on Line 1 of the Other Tobacco Products Summary First Sale Retailers Monthly Report of Purchases <b>Form 4341</b> .....					\$