



MISSOURI DEPARTMENT OF REVENUE

United States Importers Cigarette Sales to Missouri Wholesalers Monthly Tax Report

Document Locator Number

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<b>Wholesaler</b>	Company Name	Month/Year __/__/__	License Number	Telephone Number (____)____-____	Fax Number (____)____-____
	Street Address	City	State	ZIP Code	Federal Employers Identification Number  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

<b>Missouri Licensed Wholesaler</b>	List Name of Missouri Licensed Wholesaler Purchasing Unstamped Cigarettes	Customer's MO License Number	Invoice Number	Invoice Date (MM/DD/YYYY) __/__/__	Number of 10 Packs Sold	Number of 20 Packs Sold	Number of 25 Packs Sold	Total Number of Packages Sold

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

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