



MISSOURI DEPARTMENT OF

**REVENUE**

**Registration for Electronic Notification of Changes in the Missouri Tobacco Directory**

**Section 196.1023.2(3), RSMo.** requires every stamping agent (wholesaler) to maintain and provide to the Director of Revenue an electronic mail address for the purpose of receiving notices concerning Missouri's tobacco directory.

If your e-mail address changes, you must file a new form.

This form must be printed or typed.

<b>Company Information</b>	Missouri Cigarette or Other Tobacco Products (OTP) License Number		Federal Employer Identification Number (FEIN)		
	Company Name		Contact Person		
	Physical Address				
	City		State	ZIP Code	
	Mailing Address (If Different From Physical Address Above)				
	City		State	ZIP Code	
	Telephone Number (____) _____ - _____		Fax Number (____) _____ - _____		
	E-mail Address				
	Web Site Address				
	<input type="checkbox"/> Cigarette or OTP Wholesaler      or <input type="checkbox"/> OTP Retailer				

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

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

**and** Missouri Attorney General  
P.O. Box 899  
Jefferson City, MO 65102-0899  
[tobacco.4916@ago.mo.gov](mailto:tobacco.4916@ago.mo.gov)

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

Form 5298 (Revised 02-2024)

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

