



MISSOURI DEPARTMENT OF
REVENUE
 Export of Stamped Cigarettes Report - Schedule E

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|--------------------------------------|--|-------|----------|
| Date (MM/YYYY) ____ / ____ / ____ | Cigarettes Transferred From Missouri Into (Cosignee State or County) | | |
| Wholesaler Name | License Number | | |
| Address | City | State | ZIP Code |

Instructions:

1. Complete (in triplicate) Form 783 for each state.
2. Attach original and duplicate to the Consolidated Monthly Cigarette Tax Report ([Form 265-20](#), [Form 265-25](#), or both if applicable). Retain third copy for your file.

Note: [CSR 10-16.150\(3\)](#) — A licensed cigarette wholesaler may possess packages of cigarettes designated for export if a tax stamp or meter impression required by another state is affixed to such packages of cigarettes and such packages are stored separately and distinct from Missouri tax stamped cigarettes.

| Date (MM/DD/YYYY) | Invoice Number | To Whom Sold or Transferred (Name and Address) | Number of Packages of Cigarettes – 25s | Number of Packages of Cigarettes – 20s |
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Enter total here and on Line 15 of Form 265-20, Form 265-25, or both if applicable or if necessary continue on reverse side of this form.

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