

| Company | | | License Number | | | |
|--|------------------------|----------------|-------------------|-----------------------|----------|---|
| Address | | | City | State | | ZIP Code |
| Please indicate all sales exported. You must | | | | e a separate schedule | for each | state to which produc |
| Your Invoice Date (MM/DD/YYYY) | Your Invoice Number | To Whom Sold | Address | | | Manufacturer's Invoice Price (Before Discounts and Deals) |
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| | | Enter total he | ere and on Line 7 | of Form 4387 | | \$ |

Exports to State of:

Form 4390 (Revised 02--2024)

Mail To: Taxation Division P.O. Box 3320

Jefferson City, MO 65105-3320

Phone: (573) 751-5772 **Fax:** (573) 522-1720

TTY: (800) 735-2966

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

E-mail: DOR.tobacco@dor.mo.gov





Company

| Address | | | City | | State | ZIP Code |
|-----------------------------------|---------------------------------------|---|-------------------------|----------------|-------|---|
| Please indicate all sale | es made to military in | nstallations within Mis | ssouri. | | | |
| Your Invoice Date (MM/DD/YYYY) | Your Invoice Number | To Whom Sold | | Address | | Manufacturer's Invoice Price (Before Discounts and Deals) |
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| | | Enter total he | ere and on Line 8 | of Form 4387 | | \$ |
| | | | | | | Form 4390 (Revised 02-2024 |
| | bacco Products - Cld to Another Misso | Other Than Cigarette ouri Licensed Whole | es esaler - Schedule | License Number | | |
| Company | | | | | | |
| Address | | | City | | State | ZIP Code |
| Your Invoice Date (MM/DD/YYYY) | Your Invoice Number | To Whom Sold | | Address | | Manufacturer's Invoice Price (Before Discounts and Deals) |
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Enter total here and on Line 9 of Form 4387

License Number

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