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Form **5422**

Missouri Department of Revenue

Missouri Tobacco Directory - Supplemental Cigarette and Roll Your Own (RYO) Packaging Change Notification

Year

Current Calendar Year For This Notification: 20 _____	Department Use Only	Postmark Date (MM/DD/YYYY) __ __ /__ __ /__ __ __ __

Manufacturer

Name			Federal Employer Identification Number
Mailing Address			
City	State	Zip Code	Country
Physical Address			
City	State	Zip Code	Country
Telephone Number (__ __ __) __ __ __ - __ __ __ __	Fax Number (__ __ __) __ __ __ - __ __ __ __	E-mail Address	

Brand Family and Brand Style Identification

Select the appropriate box(es) and attach additional sheets if necessary:

- ❒ Supplemental Certification: Included is sample cigarette or RYO packaging (without tobacco) for each brand style listed below.
  - ❒ Actual packaging (without tobacco)
  - ❒ Electronic copy of packaging

Effective Date of Change (MM/DD/YYYY) __ __ /__ __ /__ __ __ __

Description of Change:

Brand Family	Brand Style	Size	Flavor	Container	Select One
					❒ Cigarette ❒ RYO
					❒ Cigarette ❒ RYO
					❒ Cigarette ❒ RYO
					❒ Cigarette ❒ RYO
					❒ Cigarette ❒ RYO
					❒ Cigarette ❒ RYO
					❒ Cigarette ❒ RYO

Execution by Authorized Person

The undersigned certifies that as of the date of this notification, the above-named company is a tobacco product manufacturer of cigarettes and RYO. I certify the above information is a change to packaging only and that no changes have occurred to the brand family, brand style, ingredients, blend, tipping or paper of the actual cigarettes and RYO as originally certified to the Missouri Department of Revenue and the Missouri Fire Marshal.

Under penalty of perjury, I certify and declare that all of the statements contained in this certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete in every particular, and that I am a person authorized to bind the tobacco product manufacturer making this notification either under the laws of the state of Missouri or the jurisdiction where the manufacturer resides or is organized. Any violation of the requirements of **Sections 196.1003** and **196.1020** to **196.1035, RSMo**, is basis for removal of the company's brands from Missouri's Directory of Compliant Tobacco Products Manufacturers.

Signature of Authorized Person	Date (MM/DD/YYYY) __ __ /__ __ /__ __ __ __
Printed Name	Title

Form 5422 (Revised 01-2015)

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

and Missouri Attorney General
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Visit http://dor.mo.gov/business/tobacco/motobacco.php for additional information.