



Shipments

List all shipments received during the calendar month. Select the type of packs you will report on this schedule — One type per schedule.					Wholesaler	
<input type="checkbox"/> Twenty Packs <input type="checkbox"/> Twenty-five Packs					Month of _____, 20_____	Page _____ of _____
Date Received (MM/DD/YYYY)	Invoice Number	Manufacturer	Brand and Style	UPC	Number of Packs	Purchased From Whom If Not From Manufacturer
___/___/_____						
___/___/_____						
___/___/_____						
___/___/_____						
___/___/_____						
___/___/_____						
___/___/_____						
___/___/_____						
				Subtotal — Cigarettes purchased (this page)		
				Total Cigarettes — Purchased (all pages)		
Promotional cigarettes received from manufacturers						
				Subtotal — Promotional cigarettes received (this page)		
				Total — Promotional cigarettes received (all pages)		

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

**Phone:** (573) 751-7163  
**TTY:** (800) 735-2966  
**Fax:** (573) 522-1722  
**E-mail:** [excise@dor.mo.gov](mailto:excise@dor.mo.gov)

Visit <http://dor.mo.gov/business/tobacco/> for additional information.

