Reset Form | Print Form

MISSOURI DEPARTMENT OF REVENUE

Form 267

# Common Carrier Monthly Report Cigarette Tax

**Carrier**

| Name | | | Federal Employer Identification Number | Month and Year (MM/YYYY) |
|---|---|---|---|---|
| | | | | __ __ /__ __ __ __ |
| Address | | | City | |
| State | Zip Code | E-mail Address | | Phone Number (__ __ __) __ __ __ - __ __ __ __ |

**Packages of Cigarettes Consigned**

| Consignor Invoice Number | Consignor | Point of Origin | Consignee | Point of Delivery | Delivery Date (MM/DD/YYYY) | Packages | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Delivered | Refused | Returned |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |

**Signature**

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

| Signature | Printed Name | Title | Date (MM/DD/YYYY) |
|---|---|---|---|
| | | | __ __/__ __/__ __ __ __ |

Form 267 (Revised 05-2014)

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

**Phone:** (573) 751-7163
**TTY:** (800) 735-2966
**Fax:** (573) 522-1720
**E-mail:** excise@dor.mo.gov

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

Common Carrier Monthly Report Cigarette Tax (Continued)

Packages of Cigarettes Consigned

| Consignor Invoice Number | Consignor | Point of Origin | Consignee | Point of Delivery | Delivery Date (MM/DD/YYYY) | Packages | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Delivered | Refused | Returned |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |
| | | | | | __/__/____ | | | |