



MISSOURI DEPARTMENT OF  
**REVENUE**  
Cigarette Tax Stamp Record-Schedule C

**Wholesaler**

Wholesaler \_\_\_\_\_

License Number \_\_\_\_\_

Month \_\_\_\_ Year \_\_\_\_\_

Select the type of packs you will report on this schedule - One type per schedule  
 Twenty Packs  Twenty-five Packs

Complete each section and transfer the totals to [Form 265](#) or [Form 4426](#)

**Section 1 - Stamps Purchased During Month**

Stamps Purchased - List the number of each type of stamp purchased during the month					
Date (MM/DD/YYYY)	Invoice Number	(B) State Only	(C) State & St Louis County	(D) State & Jackson County	(E) Other States*
Totals (Also enter on Form 265 or Form 4426)					

**Section 2 - Stamps Received for Credit**

Stamps Received for Credit - List the number of stamps received for credit on stamped cigarettes returned to manufacturer and returned carton flaps or damaged decals					
Date (MM/DD/YYYY)	Invoice Number	(B) State Only	(C) State & St Louis County	(D) State & Jackson County	(E) Other States*
Totals (Also enter on Form 265 or Form 4426)					

**Section 3 - Stamps Used or Affixed**

Stamps Used (Affixed) - On the last business day of the month, enter the total decals used during the month for each type				
Last Business Date (MM/DD/YYYY): ____/____/____				
	(B) State Only	(C) State & St Louis County	(D) State & Jackson County	(E) Other States*
Totals (Also enter on Form 265 or Form 4426)				

\* Only in-state wholesalers are required to complete the column titled "Other States".

**Mail to:** Taxation Division  
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 Jefferson City, MO 65105-0811

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Visit [dor.mo.gov/business/tobacco/](http://dor.mo.gov/business/tobacco/)  
 for additional information.

