



Missouri Department of Revenue
Tobacco Products - Other Than Cigarettes New Inventory - Schedule A

Company	License Number	E-mail Address		
Address	City	State	ZIP Code	

Date Received Into Stock (MM/DD/YYYY)	Invoice Number	Invoice Date (MM/DD/YYYY)	From Whom Purchased (Name and Address)	Manufacturer's Invoice Price (Before Discounts and Deals)	Tax
				\$	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
					<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
					<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
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					<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
					<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid

New Inventory

Enter total here and on Line 2 of [Form 4387](#) or, if necessary, continue on page 2 (reverse side) of this form



\$
