

2	Exports to State of:			
Company		License Number		
Address	City		State	ZIP Code

Please indicate all sales made to persons outside the State of Missouri. Complete a separate schedule for each state to which product is exported. You must submit two copies of each state's schedule.

Your Invoice Date (MM/DD/YYYY)	Your Invoice Number	To Whom Sold	Address	Manufacturer's Invoice Price (Before Discounts and Deals)
//				\$
//				
//				
//				
//				
//				
//				
//				
//				
//				
//				
//				
//				
//				
//				
//				
//				
//				

Enter total here and on Line 7 of Form 4387

Mail To: Taxation Division P.O. Box 3320 Jefferson City, MO 65105-3320
 Phone:
 (573) 751-5772

 Fax:
 (573) 522-1720
 Vi

 TTY:
 (800) 735-2966
 Vi

 E-mail:
 DOR.tobacco@dor.mo.gov
 Output

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



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Form 4390 (Revised 02--2024)

\$



Company		License Number		
Address	City		State	ZIP Code

Please indicate all sales made to military installations within Missouri.

Your Invoice Date (MM/DD/YYYY)	Your Invoice Number	To Whom Sold	Address	Manufacturer's Invoice Price (Before Discounts and Deals)
//				\$
//				
//				
//				
//				
//				
	\$			

Form 4390 (Revised 02-2024)



REVENUE **Tobacco Products - Other Than Cigarettes**

MISSOURI DEPARTMENT OF

Sold to	Another	Missouri	Licensed	Wholesaler	- Schedule E

Company		License Number		
Address	City		State	ZIP Code

Your Invoice Date (MM/DD/YYYY)	Your Invoice Number	To Whom Sold	Address	Manufacturer's Invoice Price (Before Discounts and Deals)
//				\$
//				
//				
//				
//				
//				

Enter total here and on Line 9 of Form 4387

\$