



Missouri Department of Revenue  
**United States Importers Cigarette Sales to  
 Missouri Wholesalers Monthly Tax Report**

Document Locator Number

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<b>Wholesaler</b>	Company Name	Month/Year ____/____	License Number	Telephone Number (____) _____ - _____	Fax Number (____) _____ - _____
	Street Address	City	State	ZIP Code	Federal Employers Identification Number  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

<b>Missouri Licensed Wholesaler</b>	List Name of Missouri Licensed Wholesaler Purchasing Unstamped Cigarettes	Customer's MO License Number	Invoice Number	Invoice Date (MM/DD/YYYY)	Number of 10 Packs Sold	Number of 20 Packs Sold	Number of 25 Packs Sold	Total Number of Packages Sold
				____/____/____				
				____/____/____				
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<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Signature	Print Name	Title

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



Form 4790 (Revised 05-2014)