

Tobacco	Produc	ts - Other	Than (	Cigarettes	Retailer	Tax-Paid
Purchase	s from	Missouri	License	ed Wholes	alers - S	Schedule F

Company			License Number		Month and Year		
					/		
List all tobacco products purchased tax-paid from Missouri licensed wholesalers.							
Invoice Date (MM/DD/YYYY)	Invoice Number	From Whom Purchased	Address (City, State, ZIP Code)		Manufacturer's Invoice Price (Before Discounts and Deals)		
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Enter total here and	d on Line 2 o	f Form 4341 or continue on re	everse side				

Mail to: Taxation Division P.O. Box 3320

Jefferson City, MO 65105-3320

**Phone:** (573) 751-5772 **Fax:** (573) 522-1720 **TTY:** (800) 735-2966

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

Form 4791 (Revised 02-2024)

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Invoice Date (MM/DD/YYYY)	Invoice Number	From Whom Purchased	Address (City, State, ZIP Code)	Manufacturer's Invoice Price (Before Discounts and Deals)
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