Reset Form Print Form

Form 4791

Missouri Department of Revenue

Tobacco Products - Other Than Cigarettes Retailer Tax-Paid Purchases from Missouri Licensed Wholesalers - Schedule F

Page _____ of _____

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 on Line 2 of **Form 4341** or continue on reverse side				$0.00

Form 4791 (Revised 05-2014)

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: excise@dor.mo.gov

Visit **http://www.dor.mo.gov/business/tobacco/** for additional information.

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 on Line 2 on **Form 4341**				$0.00