



Missouri Department of Revenue
**Licensee's Monthly Report of Cigarettes
 and Roll-Your-Own Tobacco**

Original Amended
 Additional No Activity

For the month of _____ Year _____

Wholesalers on a deferred payment basis and retailers who purchase from unlicensed suppliers must file this report on or before the 15th day of the month. Wholesalers on a cash basis must file this report on or before the 20th day of the month. Wholesalers list all cigarettes stamped by your company for sale in Missouri and all ounces of roll-your-own (RYO) tobacco products in which you paid the other tobacco products tax directly to the state of Missouri. Retailers list all roll-your-own tobacco products purchased from unlicensed suppliers for sale in Missouri. (Attach copies of invoices for any non-participating manufacturer's brands.) This report must be filed, even if no activity occurred during the reporting period.

Licensee	Business Name		Contact Person		E-mail Address			License Number
	Address		City		State	ZIP Code	Telephone Number (____) _____ - _____	

Cigarettes and Roll-Your-Own Tobacco	A		B		C	D			E		
	Number of Cigarette (sticks) Stamped for Sale in Missouri		Ounces of Roll-Your Own Tobacco on Which Tobacco Tax was Paid Directly to Missouri		Full Brand Name	For Each Brand, List the Complete Name and Address of the Manufacturer			For Each Brand, List the Name and Address of the Person From Whom Each Brand was Purchased		
	_____	Sticks	_____	Ounces		Name	Country		Name	Country	
						Street Address			Street Address		
						City	State	ZIP Code	City	State	ZIP Code
	_____	Sticks	_____	Ounces		Name	Country		Name	Country	
						Street Address			Street Address		
						City	State	ZIP Code	City	State	ZIP Code
	_____	Sticks	_____	Ounces		Name	Country		Name	Country	
						Street Address			Street Address		
						City	State	ZIP Code	City	State	ZIP Code

Totals	Subtotal — This Page Only		Total — All Pages	
	Sticks _____	Ounces _____	Sticks _____	Ounces _____

If additional space is needed, continue on back or attach a list.

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.			
	Signature	Print Name	Title	Date (MM/DD/YYYY) ____/____/____

Mail to: Taxation Division
 P.O. Box 811
 Jefferson City, MO 65105-0811

Phone: (573) 751-7163
Fax: (573) 522-1720
TTY: (800) 735-2966
E-mail: excise@dor.mo.gov

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



Business Name _____ License Number _____ For The Month of _____ Year _____

A		B		C	D			E		
Number of Cigarette (sticks) Stamped for Sale in Missouri		Ounces of Roll-Your Own Tobacco on Which Tobacco Tax was Paid Directly to Missouri		Full Brand Name	For Each Brand, List the Complete Name and Address of the Manufacturer			For Each Brand, List the Name and Address of the Person From Whom Each Brand was Purchased		
_____	Sticks	_____	Ounces		Name	Country		Name	Country	
					Street Address			Street Address		
					City	State	ZIP Code	City	State	ZIP Code
_____	Sticks	_____	Ounces		Name	Country		Name	Country	
					Street Address			Street Address		
					City	State	ZIP Code	City	State	ZIP Code
_____	Sticks	_____	Ounces		Name	Country		Name	Country	
					Street Address			Street Address		
					City	State	ZIP Code	City	State	ZIP Code
_____	Sticks	_____	Ounces		Name	Country		Name	Country	
					Street Address			Street Address		
					City	State	ZIP Code	City	State	ZIP Code
_____	Sticks	_____	Ounces		Name	Country		Name	Country	
					Street Address			Street Address		
					City	State	ZIP Code	City	State	ZIP Code
_____	Sticks	_____	Ounces		Name	Country		Name	Country	
					Street Address			Street Address		
					City	State	ZIP Code	City	State	ZIP Code

Totals	Subtotal — This Page Only		Total — All Pages	
	Sticks _____	Ounces _____	Sticks _____	Ounces _____

The Missouri Department of Revenue is required by law to compile information about cigarettes and roll-your-own tobacco on which Missouri excise tax is paid. This information will be provided to the Missouri Attorney General for use in enforcing the law.

This report must be filed, even if no activity occurred during the reporting period.

Alternate Reports:

You may elect to design your own reports utilizing your own software or database. Alternate forms are permissible with the department's approval as long as all the required information is provided and in the same format as the wholesalers monthly report of cigarettes and roll-your-own tobacco.

Heading:

Complete the calendar month and year covered by this report. Business name, address, contact person, e-mail address, license number, and telephone number are required.

Original reports must contain all the required information.

Additional reports add or take away any additional stick counts or roll-your-own tobacco ounces in which you are changing.

Amended reports are filed when all, or the majority, of the information originally reported is incorrect. An amended report will replace all information that was first reported.

Column A:

Enter the number of individual cigarette (sticks) stamped for sale in Missouri. List only cigarettes contained in packages to which you affixed the Missouri excise tax stamp, regardless as to whether or not cigarettes were removed from inventory. Do not list cigarettes that were purchased with the Missouri stamp already affixed.

Column B:

Wholesalers report in ounces the quantity of roll-your-own tobacco sold to a retailer in Missouri for each brand listed in Column C. Retailers report in ounces the quantity of roll-your-own purchased from unlicensed suppliers for sale in Missouri for each brand listed in Column C.

Column C:

Enter the full brand name of the product (do not abbreviate). Do not break down into sub-categories, such as regular, menthol, etc., unless they have different manufacturers. For example, for a cigarette named "Alpha Gold Menthol," report only "Alpha Gold". Do not report as "A B Gold" or "A B Gold Menthol". Copies of invoices for any non-participating manufacturer brands must be included with this report.

Column D:

List the complete name and address, including street address, city, state, zip code (or equivalent), and country of the physical manufacturer of each brand of cigarettes or roll-your-own tobacco products from as listed in Column A or B.

Column E:

List the complete name and address, including street, city, and state of the supplier you purchased cigarettes or roll-your-own tobacco products from as listed in Column A or B.

Please ensure that you sign, indicate your title, and date the report.