

<u>Section 196.1023.2(3), RSMo</u>, requires every stamping agent (wholesaler) to maintain and provide to the Director of Revenue an electronic mail address for the purpose of receiving notices concerning Missouri's tobacco directory.

If your e-mail address changes, you must file a new form.

This form must be printed or typed.

	Missouri Cigarette or Other Tobacco Products (OTP) License Number		Federal Employer Identification Number (FEIN)	
	Company Name		Contact Person	
rmation	Physical Address			
	City		State	ZIP Code
			Oldic	211 0000
	Mailing Address (If Different From Physical Address Above)			
Info				
Company Information	City		State	ZIP Code
	Telephone Number Fax Number		,	
	() (_)	
	E-mail Address			
	Web Site Address			
	Web Site Address			
	Cigarette or OTP Wholesaler or OTP Retailer			
Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.			
	Owner or Officer Signature		Title	
igna				
S	Printed Name		Date (MM/DD/YYYY)	

Form 5298 (Revised 01-2015)

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

Missouri Attorney General P.O. Box 899 Jefferson City, MO 65102-0899 tobacco.4916@ago.mo.gov

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Phone: (573) 751-7163

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