



MISSOURI DEPARTMENT OF
REVENUE
 Export of Stamped Cigarettes Report - Schedule E

Date (MM/YYYY) ____ / ____ / ____	Cigarettes Transferred From Missouri Into (Cosignee State or County)		
Wholesaler Name	License Number		
Address	City	State	ZIP Code

Instructions:

1. Complete (in triplicate) Form 783 for each state.
2. Attach original and duplicate to the Consolidated Monthly Cigarette Tax Report ([Form 265-20](#), [Form 265-25](#), or both if applicable). Retain third copy for your file.

Note: [CSR 10-16.150\(3\)](#) — A licensed cigarette wholesaler may possess packages of cigarettes designated for export if a tax stamp or meter impression required by another state is affixed to such packages of cigarettes and such packages are stored separately and distinct from Missouri tax stamped cigarettes.


Date (MM/DD/YYYY)	Invoice Number	To Whom Sold or Transferred (Name and Address)	Number of Packages of Cigarettes – 25s	Number of Packages of Cigarettes – 20s
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Enter total here and on Line 15 of Form 265-20, Form 265-25, or both if applicable or if necessary continue on reverse side of this form.



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Date (MM/DD/YYYY)	Invoice Number	To Whom Sold or Transferred (Name and Address)	Number of Packages of Cigarettes – 25s	Number of Packages of Cigarettes – 20s
Enter total from Form 783, page 1				
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Enter total here and on Line 15 of Form 265-20, Form 265-25, or both if applicable. 

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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

Form 783 (Revised 04-2014)

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

