



Shipments

List all shipments received during the calendar month. Select the type of packs you will report on this schedule — One type per schedule.					Wholesaler	
<input type="checkbox"/> Twenty Packs <input type="checkbox"/> Twenty-five Packs					Month of _____, 20_____	Page _____ of _____
Date Received (MM/DD/YYYY)	Invoice Number	Manufacturer	Brand and Style	UPC	Number of Packs	Purchased From Whom If Not From Manufacturer
___/___/_____						
___/___/_____						
___/___/_____						
___/___/_____						
___/___/_____						
___/___/_____						
___/___/_____						
___/___/_____						
				Subtotal — Cigarettes purchased (this page)		
				Total Cigarettes — Purchased (all pages)		
Promotional cigarettes received from manufacturers						
				Subtotal — Promotional cigarettes received (this page)		
				Total — Promotional cigarettes received (all pages)		

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

Phone: (573) 751-7163
TTY: (800) 735-2966
Fax: (573) 522-1722
E-mail: DOR.tobacco@dor.mo.gov

Visit dor.mo.gov/business/tobacco/ for additional information.

