



MISSOURI DEPARTMENT OF
REVENUE
Cigarette Tax Stamp Record-Schedule C

Wholesaler

| |
|----------------|
| Wholesaler |
| License Number |

| |
|-----------------------|
| Month ____ Year _____ |
|-----------------------|

Select the type of packs you will report on this schedule - One type per schedule
 Twenty Packs Twenty-five Packs

Complete each section and transfer the totals to [Form 265](#) or [Form 4426](#)

Section 1 - Stamps Purchased During Month

| Stamps Purchased - List the number of each type of stamp purchased during the month | | | | | |
|---|-------------------|-------------------|--------------------------------|-------------------------------|-------------------|
| Date (MM/DD/YYYY) | Invoice Number | (B) State Only | (C) State & St Louis County | (D) State & Jackson County | (E) Other States* |
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| Totals (Also enter on Form 265 or Form 4426) | | | | | |

Section 2 - Stamps Received for Credit

| Stamps Received for Credit - List the number of stamps received for credit on stamped cigarettes returned to manufacturer and returned carton flaps or damaged decals | | | | | |
|---|-------------------|-------------------|--------------------------------|-------------------------------|-------------------|
| Date (MM/DD/YYYY) | Invoice Number | (B) State Only | (C) State & St Louis County | (D) State & Jackson County | (E) Other States* |
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| Totals (Also enter on Form 265 or Form 4426) | | | | | |

Section 3 - Stamps Used or Affixed

| Stamps Used (Affixed) - On the last business day of the month, enter the total decals used during the month for each type | | | | |
|---|-------------------|--------------------------------|-------------------------------|-------------------|
| Last Business Date (MM/DD/YYYY): ____/____/____ | | | | |
| | (B) State Only | (C) State & St Louis County | (D) State & Jackson County | (E) Other States* |
| Totals (Also enter on Form 265 or Form 4426) | | | | |

* Only in-state wholesalers are required to complete the column titled "Other States".

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

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

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

