

MISSOURI DEPARTMENT OF  
**REVENUE**  
Tobacco Products - Other Than Cigarettes  
Military Sales - Schedule D

Company		License Number	
Address	City	State	ZIP Code

Please indicate all sales made to military installations within Missouri.

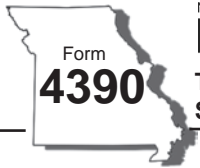
Your Invoice Date (MM/DD/YYYY)	Your Invoice Number	To Whom Sold	Address	Manufacturer's Invoice Price (Before Discounts and Deals)
__ / __ / ____				\$
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				

Enter total here and on Line 8 of Form 4387



\$
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Form 4390 (Revised 02-2024)



MISSOURI DEPARTMENT OF  
**REVENUE**  
Tobacco Products - Other Than Cigarettes  
Sold to Another Missouri Licensed Wholesaler - Schedule E

Company		License Number	
Address	City	State	ZIP Code

Your Invoice Date (MM/DD/YYYY)	Your Invoice Number	To Whom Sold	Address	Manufacturer's Invoice Price (Before Discounts and Deals)
__ / __ / ____				\$
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				

Enter total here and on Line 9 of Form 4387



\$
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Form 4390 (Revised 02-2024)