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MISSOURI DEPARTMENT OF REVENUE
TAXATION BUREAU
P.O. BOX 811, JEFFERSON CITY, MO 65105-0811

CIGARETTE TAX STAMP RECORD — SCHEDULE C

FORM **304** (REV. 11-2006)

MONTH OF , 20

WHOLESALER

LICENSE NUMBER

COMPLETE EACH SECTION AND TRANSFER TOTALS TO THE CONSOLIDATED MONTHLY CIGARETTE TAX REPORT (FORM 265)

If you have questions or need assistance in completing this form, please call (573) 751-7163 (TDD 1-800-735-2966) or e-mail **excise@dor.mo.gov.** You may also access this form from the Department's web site: **www.dor.mo.gov/tax/business/tobacco/forms/**.

CHECK THE TYPE OF PACKS YOU WILL REPORT ON THIS SCHEDULE — ONE TYPE ON A SCHEDULE.

☐ TWENTY PACKS ☐ TWENTY-FIVE PACKS

SECTION 1 — STAMPS PURCHASED — LIST NUMBER OF PACKS FOR EACH TYPE OF DECAL

DATE	INVOICE NUMBER	(B) STATE ONLY	(C) STATE & ST. LOUIS COUNTY	(D) STATE & JACKSON COUNTY	(E) OTHER STATES*
TOTALS ALSO ENTER ON FORM 265 OR 4426					

SECTION 2 — STAMPS RECEIVED FOR CREDIT ON STAMPED CIGARETTES RETURNED TO THE MANUFACTURER, ETC. — LIST NUMBER OF PACKS FOR EACH TYPE OF DECAL

DATE	INVOICE NUMBER	(B) STATE ONLY	(C) STATE & ST. LOUIS COUNTY	(D) STATE & JACKSON COUNTY	(E) OTHER STATES*
TOTALS ALSO ENTER ON FORM 265 OR 4426					

SECTION 3 — STAMPS USED (AFFIXED) — ON LAST BUSINESS DAY OF THE MONTH, ENTER TOTAL DECALS USED DURING THE MONTH FOR EACH TYPE.

LAST BUSINESS DATE: / /

	(B) STATE ONLY	(C) STATE & ST. LOUIS COUNTY	(D) STATE & JACKSON COUNTY	(E) OTHER STATES*
TOTALS ALSO ENTER ON FORM 265 OR 4426				

*** ONLY IN-STATE WHOLESALERS ARE REQUIRED TO COMPLETE COLUMN TITLED "OTHER STATES."**

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