COMPANY

MISSOURI DEPARTMENT OF REVENUE TAXATION BUREAU P.O. BOX 3320, JEFFERSON CITY, MO 65105-3320 TOBACCO PRODUCTS — OTHER THAN CIGARETTES RETAILER EXPORT SALES — SCHEDULE A

DLN

FORM

4795

(REV. 4	4-2007)
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LICENSE NO.

MONTH/YEAR

If you have questions or need assistance in completing this form, please call (573) 751-5772 (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/**.

SALES MADE TO PERSONS OUTSIDE THE STATE OF MISSOURI — COMPLETE A SEPARATE SCHEDULE FOR EACH STATE TO WHICH PRODUCT IS EXPORTED. PLEASE SUBMIT TWO (2) COPIES OF EACH STATE'S SCHEDULE.

YOUR INVOICE DATE	YOUR INVOICE NUMBER	TO WHOM SOLD	SHIP TO ADDRESS (STREET, CITY, STATE, ZIP)	MANUFACTURER'S INVOICE PRICE (BEFORE DISCOUNTS AND/OR DEALS)
				\$
SCHEDULE TOT	\$			

This form is available upon request in alternative accessible format(s).