MISSOURI MUNICIPAL MONTHLY CIGARETTE REPORT

License #: _____

Company Name: _____

Street: _____

City/State/Zip: _____

Phone #: _____

MUNICIPALITY: _____

MONTH: _____ **YEAR:** _____

Total Number of Packages of 20's		_____
Less Total Packages Returned		_____
Subtotal		_____
Times Municipality's Tax Rate	0.030	_____
Less Discount Rate	0	_____
Amount Due		_____
Total Number of Packages of 25's		_____
Less Total Packages Returned		_____
Subtotal		_____
Times Municipality's Tax Rate	0.035	_____
Less Discount Rate	0	_____
Amount Due		_____
Less Any Unused Affidavits/Credit		_____
GRAND TOTAL DUE		_____

Enclosed is a printout to support the above total sales and a check for the amount due.

I hereby certify that this report made by me in true and correct.

Printed: _____ Date: _____

Signed: _____ Phone: _____
(Owner or Member of Firm)

THIS REPORT IS DUE BY THE 15TH OF THE MONTH