



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
 APPLICATION FOR CREDIT OF MISSOURI EXCISE TAX

DATE
LICENSE NO.

NAME OF CORPORATION, SOLE OWNER, PARTNERSHIP, OR LLC
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DOING BUSINESS AS

ADDRESS

CITY	STATE	ZIP	TELEPHONE NUMBER
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ATTACHMENTS REQUIRED

Attach to this Application for Credit of Missouri Excise Tax a copy of the original invoice and credit memo issued by the supplier. Credit will not be accepted if paperwork is not attached as required.

The above named licensee does hereby make application to the Supervisor of Alcohol and Tobacco Control of the State of Missouri for a credit of excise tax paid.

ORIGINAL INVOICE NO.	CREDIT INVOICE NO.	DESCRIPTION OF LIQUOR	NUMBER OF GALLONS	AMOUNT OF CREDIT	MONTH/YEAR TAX PAID
		<input type="checkbox"/> WINE <input type="checkbox"/> SPIRIT <input type="checkbox"/> MALT			
		<input type="checkbox"/> WINE <input type="checkbox"/> SPIRIT <input type="checkbox"/> MALT			
		<input type="checkbox"/> WINE <input type="checkbox"/> SPIRIT <input type="checkbox"/> MALT			
		<input type="checkbox"/> WINE <input type="checkbox"/> SPIRIT <input type="checkbox"/> MALT			
		<input type="checkbox"/> WINE <input type="checkbox"/> SPIRIT <input type="checkbox"/> MALT			

EXPLANATION FOR EACH CREDIT

SIGNATURE OF PREPARER/DATE SIGNED

SIGNATURE	DATE
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FOR OFFICE USE ONLY

Based on the information contained herein, the undersigned forward this application for consideration by the Supervisor of Alcohol and Tobacco Control and hereby recommend that this application be approved and the credit issued/allowed.

FISCAL MANAGER	SUPERVISOR OF ALCOHOL AND TOBACCO CONTROL
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