

on	First Name		Middle Name			Last Name			
Candidate Information	Social Security Number Coun		nty of Residence		Tele	Telephone Number*			
						(
	Street Address*				Stat	te		Zip Code	
	Elected Office Candidate is Seeking			E-mail Address					
	* Please update the Department should any information change								
Signature	Declaration under <u>115.306</u> , <u>RSMo</u> : I hereby declare under penalties of perjury that I am not currently aware of any delinquency in the filing or payment of any state income taxes, personal property taxes, municipal taxes, real property taxes on the place of residence, as stated on my declaration of candidacy, or that I am not a past or present corporate officer of any fee office that owes any taxes to the state, other than those taxes which may be in dispute. I declare under penalties of perjury that I am not aware of any information that would prohibit me from fulfilling any bonding requirements for the office for which I am filing.								
0,	Signature					Date (MM/DD/YYYY)			
_	Embosser or black ink rubber stamp seal	bed and s	d and sworn before me, this						
otary Information				day of year					
				County (or City of	ounty (or City of St. Louis) My Commission Expires (M		es (MM/DD/YYYY)		
ary In	Notary F			ry Public Signature					
ğ		me (Typed or Printed)							

Please review 115.306, RSMo. A failure to comply may disqualify you from the ballot. Upon request by the Department of Revenue, the candidate shall provide a copy of tax receipts for the candidate's personal property, municipal, and real property taxes, and any other information necessary to demonstrate compliance with 115.306, RSMo.

Form 5120 (Revised 08-2015)

Mail to: Missouri Department of Revenue General Counsel's Office

P.O. Box 475

Jefferson City, MO 65105

Phone: (573) 751-4450 TTY: (800) 735-2966 Fax: (573) 751-7151

Visit http://dor.mo.gov/personal/candidates/ for additional information.

