



Missouri Department of Revenue  
**Complaint Pursuant to Section 115.306, RSMo**

|                  |                             |      |       |          |
|------------------|-----------------------------|------|-------|----------|
| <b>Candidate</b> | Name (Last, First, Middle)  |      |       |          |
|                  | Address                     | City | State | Zip Code |
|                  | Elected Office of Candidate |      |       |          |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Complainant</b>  | I have probable cause to believe that the above candidate has failed to file and pay the following taxes that are due and owing and to my knowledge are not in dispute. Select all that apply. |  |  |  |
|   | <input type="checkbox"/> State Income Taxes  |  |  |  |
|   | <input type="checkbox"/> Personal Property Taxes   |  |  |  |
|   | <input type="checkbox"/> Municipal Taxes   |  |  |  |
|   | <input type="checkbox"/> Real Property Taxes on the Place of Residence   |  |  |  |
|   | <input type="checkbox"/> Candidate is or was a corporate officer of a fee office that owes taxes to the state.   |  |  |  |
| The facts upon which I have probable cause to believe a tax or taxes are owed are as follows: |  |  |  |  |
| _____   |  |  |  |  |
| _____   |  |  |  |  |
| _____   |  |  |  |  |
| _____   |  |  |  |  |
| _____   |  |  |  |  |

|                    |  |                |                                    |          |
|--------------------|--|----------------|------------------------------------|----------|
| <b>Complainant</b> | Signature  |                | Printed Name (Last, First, Middle) |          |
|                    | Address  | City           | State                              | Zip Code |
|                    | Daytime Telephone Number<br>(____) _____ - _____ | E-mail Address |                                    |          |

|                                       |   |                               |                                      |  |
|---------------------------------------|---|-------------------------------|--------------------------------------|--|
| <b>Notary Information</b>             | Embossed or black ink rubber stamp seal |                               | Subscribed and sworn before me, this |  |
|                                       |   |                               | _____ day of _____ year              |  |
|                                       | State                                   | County (or City of St. Louis) | My Commission Expires (MM/DD/YYYY)   |  |
|                                       |   |                               | ____/____/____                       |  |
| Notary Public Signature               |   |                               |                                      |  |
| Notary Public Name (Typed or Printed) |   |                               |                                      |  |

Send Form 5121 and any attachments 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.

Form 5121 (Revised 08-2015)

