irst Name	Middle Name		Last Na	me	
Social Security Number	County of Resid	ence	Telepho	one Number*	
Street Address*	City		State	,	Zip Code
Elected Office Candidate is Seeking	E-mail A	ddress			
Please update the Department should	any information ch	nange			
Declaration under 115.306, RSM of any delinquency in the filing claxes, real property taxes on the pa past or present corporate office which may be in dispute. I declare prohibit me from fulfilling any bon	or payment of a place of residence or of any fee off ounder penaltie	iny state income to be, as stated on mo ice that owes any is of perjury that I a	taxes, person y declaration taxes to the am not aware	onal property ta n of candidacy, e state, other th e of any informa	ixes, municipa or that I am no an those taxe
Signature				Date (MM/DD/YY	YY) _/
Embosser or black ink rubber stamp seal	Subscribed and s	sworn before me, this			
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ے	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this				
ti Lio		day of year				
ma		State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY)		
Informatio				//		
		Notary Public Signature				
Notary						
5		Notary Public Name (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.

