



Missouri Department of Revenue
**Candidate's Affidavit of Tax Payments
 and Bonding Requirements**

Candidate Information	First Name		Middle Name		Last Name												
	Social Security Number			County of Residence		Telephone Number*											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%; height: 15px;"></td> </tr> </table>													City		State	Zip Code
Street Address*				Elected Office Candidate is Seeking		E-mail Address											

* Please update the Department should any information change

Signature	Declaration under 115.342, RSMo : 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, or 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.	
	Signature	Date (MM/DD/YYYY) ____/____/_____

Notary Information	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)				

Please review 115.342, 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 115.342, RSMo.

Form 5120 (Revised 06-2014)

Mail to: Missouri Department of Revenue
 General Counsel's Office
 P.O. Box 475
 Jefferson City, MO 65105

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

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

