



MISSOURI DEPARTMENT OF REVENUE  
 GENERAL COUNSEL'S OFFICE  
 301 WEST HIGH STREET, PO BOX 475  
 JEFFERSON CITY, MO 65105

**COMPLAINT PURSUANT TO SECTION 115.342, RSMo**

FORM  
**5121**  
 (REV 11-2007)

I have probable cause to believe that \_\_\_\_\_,  
Candidate's Name (Last, First, Middle)

\_\_\_\_\_  
Street Address, City, County, State and Zip Code

a candidate for \_\_\_\_\_  
Elected Office

has failed to file and pay the following taxes that are due and owing and to my knowledge are not in dispute.  
 Check all that apply.

- State Income Taxes
- Personal Property Taxes
- Real Property Taxes on his/her Place of Residence
- 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMPLAINANT'S SIGNATURE

PRINTED NAME OF COMPLAINANT (LAST, FIRST, MIDDLE)

COMPLAINANT'S RESIDENCE STREET ADDRESS

DAYTIME TELEPHONE (INCLUDING AREA CODE)

CITY, COUNTY, STATE, AND ZIP CODE

State of Missouri, County (and/or City) of \_\_\_\_\_  
City and/or County

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me,

\_\_\_\_\_  
Notary's Name

a Notary Public in and for said state, personally appeared \_\_\_\_\_.  
Complainant's Name

known to me to be the person who executed the within Complaint and acknowledged to me that he or she executed same for the purposes therein stated.

SEAL

My Commission Expires: \_\_\_\_\_

**Send Complaint and any attachments to:**

General Counsel's Office  
 Missouri Department of Revenue  
 P.O. Box 475  
 301 West High Street  
 Jefferson City, MO 65105