



MISSOURI DEPARTMENT OF
REVENUE
Complaint Pursuant to Section 115.306, RSMo

Candidate	Name (Last, First, Middle)			
	Address	City	State	Zip Code
	Elected Office of Candidate			

Complainant	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:				

Complainant	Signature		Printed Name (Last, First, Middle)	
	Address	City	State	Zip Code
	Daytime Telephone Number (____) _____ - _____	E-mail Address		

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)		

Send Form 5121 and any attachments to:

Form 5121 (Revised 08-2015)

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.

