

FORM RD-MCTC
(07/15)

City of Kansas City, Missouri - Revenue Division
**DECLARATION OF TAX PAYMENTS
BY CANDIDATE FOR MUNICIPAL OFFICE
(To be filed with City Clerk)**

Phone: (816) 513-1077
E-file: kcmo.gov/quicktax



KANSAS CITY
MISSOURI

Candidate Information			
NAME:	FIRST	MIDDLE	LAST
SOCIAL SECURITY NUMBER	COUNTY OF RESIDENCE	TELEPHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
ELECTED OFFICE CANDIDATE IS SEEKING			

Declaration and Signature	
I hereby declare and attest to the City Clerk, as required by Section 204(b) of the Charter of the City of Kansas City, Missouri, that I am current on all city taxes and municipal user fees.	
_____ Signature of Candidate	_____ Date

Notary Public Information	
STATE OF MISSOURI)	
COUNTY OF _____) ss.	
On this _____ day of _____ in the year _____, before me, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the within Declaration of Tax Payments by Candidate for Municipal Office, and acknowledged that he/she executed the same for the purposes therein stated.	
In Testimony Whereof, I have set my hand and affixed my official seal.	
_____ Signature of Notary	_____ Date