SOURCE OF INCOME STATEMENT

Please Print or Type

	First Name	Middle Name/Initial	Last Name
Name:			
Mailing Address:			
City/State/Zip			

Disclosure for Tax Year Ending:_____

Social Security Number: _____ - _____ - _____

Filing as a: ☐ County Employee

☐ Municipal Employee of: _____

Position held or sought/
Board where serving: _____

Term or
Employment
began on: _____

Department where employed: _____

COPY

Work Address: _____

If your home address is exempt from public records pursuant to Florida Statutes 119.07 please check here *(read instructions)*: ☐

Work Telephone: _____

Home Address: _____

STREET ADDRESS

_____ _____ _____

CITY STATE ZIP CODE

Please list below in descending order with the largest source first, the name, address and principal business activity of every source of your income including public salary you received or any person received for your benefit or use during the disclosure period. The income of your spouse or any business partner need not be disclosed. If continued on a separate sheet, check here: ☐

NAME OF SOURCE OF INCOME	ADDRESS	DESCRIPTION OF THE PRINCIPAL BUSINESS ACTIVITY

I hereby swear (or affirm) that the aforesaid information is a true and correct statement.

_____ _____

SIGNATURE OF PERSON DISCLOSING DATE SIGNED

Please Print or Type

SOURCE OF INCOME INFORMATION

(Required by the Miami-Dade County Code, Section 2-11.1 (i), as amended.)

The term **INCOME** shall include, but is not limited to, the following items: wages, salaries; tips; bonuses; commissions & fees; dividends, interest; profits from businesses and professions; your share of profits from partnerships and small business corporations; pensions, annuities & endowments; profits from the sale or exchange of real estate, securities or other property, including personal residence; rents and royalties; your share of estate or trust income, including accumulated distributions; alimony, separate maintenance or support payments; prizes, awards and gifts; fees as an Executor, Administrator or Director, disability retirement payments; workmen's compensation, insurance; damages; etc.

Filing instructions

A Source of Income Form, Financial Statement, Form 1 or copy of the personal Income Tax forms may be filed to satisfy the filing requirement for County, Muncipal employees and advisory board members.
This form must be filed by July 1st of each year.
This form should not be used as a substitute for Form 1 for those required to file under state requirements.

Miami-Dade County Personnel and Advisory Board members shall file completed forms with:

Supervisor of Elections
111 NW 1 Street, Suite 1910
Miami, Florida 33128
or
P.O. Box 012241,
Miami, Florida 33101-2241

Municipal Personnel and Advisory Board members shall file completed forms with:

Their respective Municipal Clerk.

For further information contact the Miami-Dade Elections Department at 305-375-4382 or your Municipal Clerk's Office.

Note: The role of our office is to receive and maintain the forms filed as public record. If your home address appears on the form and you are exempt from public records and you do not wish it to be made public, you should use your office or other address. The following persons should not use their home addresses: active and former law enforcement personnel, including correctional and correctional probation officers; current or former state attorneys, asst. state attorneys, statewide prosecutors, and asst. statewide prosecutors; firefighters, personnel of D. H. R. S. whose duties include the investigation of abuse, neglect, exploitation, fraud, theft or other criminal activities; spouses of the above; and county and municipal code inspectors and code enforcement officers and personnel of the Department of Revenue or local governments responsible for revenue collection and enforcement or child support enforcement.

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