

## **SOURCE OF INCOME STATEMENT**

Disclosure for tax year ending:  First Name Middle Name/Initial Last Name		BAR CODE
Mailing Address street number, stree	et name, or P.O. Box	
City, State, Zip	ID Number:	
If your home address is your mailing address §119.07, read instructions on the following		empt from public records pursuant to Fla. Stat.
Filing as a:   County Emplo  Municipal Emp	-	of
Position held or sought:		
Board where serving:		_ Term or employment began _ on:
Dept. where employed:		Work telephone:
Work address:		
business activity of every source of	your income, including pu who received for your be	e first, the name, address, and principal ublic salary you received or used during nefit. The income of your spouse or any separate sheet, check here:
Name of Source of Income	Address	Description of the Principal Business Activity
I hereby swear (or affirm) that	the aforesaid informat	tion is a true and correct statement.
Signature of person disclosing	Print name	Date signed

## **Source of Income Information**

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

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 or 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," "State Form 1," or a copy of the personal income tax forms may be filed to satisfy the filing requirement for County employees, municipal employees, and advisory board members not required to file under State law.

This form must be filed by July 1<sup>st</sup> of each year.

This form should not be used as a substitute for State Form 1 for those required to file under state requirements.

Miami-Dade County Personnel and Advisory Board members shall file completed forms with Miami-Dade Elections Department
2700 NW 87<sup>th</sup> Avenue
Miami, FL 33172
or
P.O. Box 521550
Miami, FL 33152-1550
or at

Municipal Personnel and Advisory Board Members shall file completed forms with their respective Municipal Clerk.

financial.disclosures@miamidade.gov

For further information contact the Miami-Dade Elections Department at 305-499-8413 or your Municipal Clerk's Office

Note re: Florida Statutes § 119.07: The role of our office is to receive and maintain forms filed as public records. If your home address is exempt from disclosure and you do not wish your home address to be made public, please use your office or other address for your mailing address. The following persons are exempt from disclosing their home addresses: active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement; firefighters; justices and judges; current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; county and municipal code inspectors and code enforcement officers.