



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 662		DATE: 1/24/2023
COMMITTEE: Special Committee on Tax Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 1/24/2023 11:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I agree with this expanded New Definition of Deductible Retirement Income and Benefits from Missouri State Income Tax.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JAY HARDENBROOK		PHONE NUMBER: 816-810-2066	
REPRESENTING: AARP		TITLE: ADVOCACY DIRECTOR	
ADDRESS: 4031 PARKER AVE			
CITY: SAINT LOUIS		STATE: MO	ZIP: 63116
EMAIL: jhardenbrook@aarp.org	ATTENDANCE: In-Person	SUBMIT DATE: 1/24/2023 10:36 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRIAN COLBY		PHONE NUMBER: 206-769-3497	
REPRESENTING: MO BUDGET PROJECT		TITLE:	
ADDRESS: 6441 VALLEY ROAD			
CITY: KANSAS CITY		STATE: MO	ZIP: 64113
EMAIL: bcolby@mobudget.org	ATTENDANCE: Written	SUBMIT DATE: 1/24/2023 4:57 PM	
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Opposed to fiscal note.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MAHREE SKALA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: skalahree@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 1/23/2023 4:35 PM
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This bill would decrease state revenue significantly and violates a previous bipartisan agreement. As a retiree, I enjoy many state services such as roads, public safety, parks, etc. There is no reason I should not have to pay my fair share of taxes to support these services. The legislature has already cut taxes to the point that when the pandemic surplus is spent, our state services will be right down at the bottom of the states again.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARY K. LINDSAY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mary.lindsaymsw@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 1/24/2023 11:56 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I oppose HB 662.