



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>SJR 50</b>		DATE: <b>4/16/2024</b>	
COMMITTEE: <b>Special Committee on Tax Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@mail.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>4/16/2024 11:50 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I am in Support of this Bill and placing this State Constitution Amendment Question on the November-2024 General Election Ballot. I would like to see a Maximum Cap of 5% State Income Tax and a Maximum Sales Tax Rate of 7.5% Maximum Cap of State, County & Local Levels of Government.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>SJR 50</b>		DATE: <b>4/16/2024</b>	
COMMITTEE: <b>Special Committee on Tax Reform</b>			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: <b>BILL SHOEHIGH</b>		PHONE NUMBER: <b>573-230-2940</b>	
BUSINESS/ORGANIZATION NAME: <b>MICROSOFT</b>		TITLE:	
ADDRESS: <b>P.O. BOX 104232</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65110</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>4/16/2024 12:00 AM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**