

**Multiple Levy
Proposed Tax Rate Worksheet
Report 694B**

Form PT-694B
pt-694b.xls Rev. 12/07

County Name: _____ Tax Year: _____

Entity Name: _____

A. Adjusted sum of valuations (from line 5 of Report 694A)		
1.	2.	3.
Fund/Budget Type	Budgeted Revenue Property Tax Revenues Only (from Report 693)	Proposed Tax Rate (column 2 divided by line A)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
B. Total revenue (sum of column 2)		
C. Total proposed tax rate (sum of column 3)		

Certification by Taxing Entity

I, _____, as authorized agent, do hereby certify that the budgetary amount from property tax revenue listed above was adopted and approved in compliance with all requirements prescribed by law.

Signature: _____ Date: _____

Certification by County Auditor

I, _____, as County Auditor certify that I have examined the information submitted on this statement and have found it to be true and correct.

Signature: _____ Date: _____