

**Final Countywide Taxable Values
Report 233b**

Form PT-233B
pt-233B.xls Rev. 12/07

County: _____ Year: _____

Real Estate - Land

	Numbers/Parcels	Taxable Values
Residential - primary use	_____	\$ _____
Residential - not primary use	_____	\$ _____
Commercial and industrial - improved	_____	\$ _____
Agricultural (non-FAA) - improved	_____	\$ _____
Agricultural (FAA)	_____	\$ _____
Unimproved land (non-FAA)	_____	\$ _____
Total assessment of land real estate		A. \$ _____ -

Real Estate - Buildings, Structures, Etc.

Residential - primary use	_____	\$ _____
Residential - not primary use	_____	\$ _____
Commercial and industrial	_____	\$ _____
Agricultural	_____	\$ _____
Total assessment of structures		B. \$ _____ -
Total real property (A + B)		\$ _____ -

Personal Property

Fee-in-lieu property	_____	\$ _____
Age-based property	_____	\$ _____
Manufactured/mobile homes - primary res.	_____	\$ _____
Manufactured/mobile homes - other	_____	\$ _____
Commercial and industrial machinery	_____	\$ _____
Trade fixtures	_____	\$ _____
Semiconductor Manufacturing Equipment (SCME)	_____	\$ _____
Other personal property	_____	\$ _____
Total personal property	_____	\$ _____
Total personal property minus fee-in-lieu		C. \$ _____ -
Grand total, locally assessed property (A + B + C)		\$ _____ -

Certification by County Assessor and Auditor

I, _____, as County Assessor certify that the information contained herein is true and correct in compliance with UCA 59-2-913.

Signature: _____ Date: _____

I, _____, as County Auditor certify that the information contained herein is true and correct in compliance with UCA 59-2-913.

Signature: _____ Date: _____

***This information is sent in the format of a computer generated report from each county auditor to the State Tax Commission; therefore this form is not being used currently.

**County Auditor Annual Report
on Redevelopment Project Areas
Report 700**

Form PT-700
pt-700.xls Rev. 12/07

County: _____ Year: _____

Redevelopment agency, project area: _____

Taxable value

1A Locally assessed real property value		
1B Personal property value		
1C Centrally assessed property value		
1D Total taxable value (add lines 1A, 1B and 1C)		

Base Taxable Value

2A Locally assessed real property value. Base taxable value adjustments:		
a Qualifying decrease in minimum basic levy [17C-1-408(2)(a)]		
b Statutes enacted by the legislature [17C-1-408(2)(a)(i) (A)]		
c Judicial decisions [17C-1-408(2)(a)(i) (B)]		
d Orders from State Tax Commission [[17C-1-408(2)(a)(i) (C)]		
e Exemption change under Utah Constitution [17C-1-408(2)(a)(i) (D)]		
f Inc/dec in percentage of fair market value [17C-1-408(2)(a)(i) (E)]		
g Certified tax rate decrease [59-2-924(2)(c) or (d)(i) & 17C-1-408(2)(ii)(A)]		
h Total adjustments (add lines a through g)		
2B Locally assessed real property value (line 2A minus line h)		
2C Locally assessed personal property value		
2D Centrally assessed property value		
2E Base taxable value (add lines 2B, 2C and 2D)		

Marginal Value

3 Marginal Value (line 1D minus line 2E)	
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Incremental Value

4 Percentage of adjusted tax increment	
5 Incremental value (line 3 x line 4)	
6 Combined Incremental Value (if applicable)	

Tax Increment

7 Redevelopment Project Tax Rate	
8 Tax increment available (line 5 or line 6) x (line 7)	
9 Tax increment requested by the Redevelopment agency	
10 Adjustments - <u>Please explain</u>	
11 Tax increment actually paid to the Redevelopment Agency (line 9 adjusted by line 10)	
12 Tax increment value based on tax increment actually paid (line 11 divided by line 7)	

Signature of County Auditor

Name (please print): _____

Signature: _____ Date: _____

Return completed report to:

State Tax Commission
Property Tax Division, Third Floor
210 N 1950 W
SLC, UT 84134

Redevelopment Agency Worksheet Report 695A

Form PT-695A
pt-695A.xls Rev. 12.07

County: _____ Redevelopment Agency: _____

Redevelopment Project Tax Rate

Entities Affected by the RDA	Last Year's Tax Rate

1. Redevelopment Agency Area Tax Rate (sum of last year's rates)

Taxable Value

2A Locally assessed real property value	
2B Personal property value	
2C Centrally assessed property value	
2D Total taxable value (add lines 2A, 2B, and 2C)	\$ -

Base Taxable Value

3A Locally assessed real property value		
Adjustments to base taxable value		
a Qualifying decrease in minimum basic levy [17C-1-408(2)(a)]		
b Statutes enacted by the legislature [17C-1-408(2)(a)(i) (A)]		
c Judicial decisions [17C-1-408(2)(a)(i) (B)]		
d Orders from State Tax Commission [[17C-1-408(2)(a)(i) (C)]		
e Exemption change under Utah Constitution [17C-1-408(2)(a)(i) (D)]		
f Inc/dec in percentage of fair market value [17C-1-408(2)(a)(i) (E)]		
g Certified tax rate decrease [59-2-924(2)(c) or (d)(i) & 17C-1-408(2)(ii)(A)]		
h Total adjustments (add lines a through g)	0	
3B Locally assessed real property adjusted value (line 3A minus h)	0	
3C Locally assessed personal property value		
3D Centrally assessed property value		
3E Base taxable value (add lines 3B, 3C and 3D)		

Marginal and Incremental Value

4 Marginal value (line 2D minus line 3E)	-
5 Percentage of adjusted tax increment	
6 Incremental value (line 4 multiplied by line 5)	-
7 Combined incremental value (if applicable)	
8 Tax increment requested by the redevelopment agency	
9 Incremental value based on the requested increment (line 8 divided by line 1)	

Redevelopment Agency Current Year Value

10 The lesser of (line 6 or line 7) or line 9 (enter on column 6 of Report 697)

Certification of County Auditor

I, _____, as County Auditor certify that the information contained herein is true and correct in compliance with UCA 59-2-913.

Signature: _____ Date: _____

**Single Levy Certified Tax Rate Worksheet
Report 713**

Form PT-713
pt-713.xls Rev. 12/07

County: _____ **Tax Year:** _____

Taxing Entity: _____

1. Last year's property tax collections		
A. Last year collections (From column 11 of Report 750)		
B. Legislative adjustment (if any, provided by State Tax Commission) . .		
C. Line 1A plus or minus any adjustment on line 1B (see instructions)		
2. Adjusted value (from column 7 of Report 697)		
3a. Three-year BOE average rate (provided by State Tax Commission) . . .		
3b. Real property taxable value (from column 2 of Report 697)		
3c. BOE adjustment (line 3a multiplied by line 3b)		
4. Sum of valuations (line 2 less line 3c)		
5. Five-year average tax collection rate (provided by State Tax Commission; enter as decimal) . . .		
6. Sum of valuations adjusted by collection rate (line 4 multiplied by line 5)		
7. New growth (from column 7 of Report 712A)		
8. Adjusted new growth (line 7 multiplied by line 5)		
9. Current year adjusted value (line 6 less line 8)		
10. Certified tax rate (line 1C divided by line 9; use six decimal places)		

Signature of 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: _____

**Multiple Levy
Certified Tax Rate Valuation Summary
Report 713A**

Form PT-713A
pt-713a.xls Rev. 12/07

County: _____ **Tax Year:** _____

Taxing Entity: _____

1. Adjusted value (from column 7 of Report 697)		
2a. Three-year average BOE adjustment (provided by State Tax Commission)		
2b. Real property taxable value (from column 2 of Report 697)		
2c. BOE adjustment (line 2a multiplied by line 2b)		
3. Sum of valuations (line 1 less line 2c)		
4. Five-year average tax collection rate (provided by the Tax Commission; enter as decimal)		
5. Adjusted sum of valuations (line 3 multiplied by line 4)		
6. New growth (from column 7 of Report 712A)		
7. Adjusted new growth (line 6 multiplied by line 4)		
8. Current adjusted value minus new growth (line 5 less line 7; to line A of Report 713B)		

Signature of 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: _____

**Multiple Levy
Certified Tax Rate Worksheet
Report 713B**

Form PT-713B
pt-713b.xls Rev. 12/07

County: _____ Tax Year: _____

Taxing Entity: _____

A. Current year adjusted value minus new growth **0**
(from line 8 of Report 713A)

	1. Budget Type	2. Last Year's Collections (From Report 750, col. 11)	3. Adjustments (If any, provided by The Tax Commission)	4. Adjusted Last Year's Collections (Col. 2 plus or minus col. 3)	5. Certified Tax Rate (Col. 4 divided by line A)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Certification and Signature

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: _____

**Single Levy Proposed Tax Rate Worksheet
Report 694**

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

County: _____ Tax Year: _____

Taxing Entity: _____ Levy/Fund: _____

Budgetary Information

1. **Budgeted revenue** (total budgeted revenue from Report 693)

Valuation Summary

2. Adjusted value on tax rolls (from column 7 of Report 697)	<input type="text"/>
3a. Three-year BOE average rate (provided by State Tax Commission)	<input type="text"/>
3b. Real property taxable value (From column 2 of Report 697)	<input type="text"/>
3c. BOE adjustment (line 3a multiplied by line 3b)	<input type="text"/>
4. Sum of valuations (line 2 less line 3c)	<input type="text"/>
5. Five-year average tax collection rate (provided by State Tax Commission; enter as decimal) . . .	<input type="text"/>
6. Adjusted sum of valuations (line 4 multiplied by line 5)	<input type="text"/>
7. Proposed tax rate (line 1 divided by line 6; use six decimal places)	<input type="text"/>

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: _____

**Multiple Levy
Proposed Tax Rate Valuation Summary
Report 694A**

Form PT-694A
pt-694a.xls Rev. 12/07

County Name: _____ **Tax Year:** _____

Entity Name: _____

1. Adjusted value on tax rolls (from column 7 of Report 697)		
2a. Three-year BOE average rate (provided by State Tax Commission)		
2b. Real property taxable value (from column 2 of Report 697)		
2c. BOE Adjustment (line 2a multiplied by line 2b)		
3. Sum of valuations (line 1 less line 2c)		
4. Five-year average tax collection rate (provided by State Tax Commission; enter as decimal) . .		
5. Adjusted sum of valuations (line 3 multiplied by line 4)		

Certification by Taxing Entity

I, _____, as authorized agent, do hereby certify that the information listed above is 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: _____

Multiple Levy Proposed Tax Rate Worksheet Report 694B	Form PT-694B pt-694b.xls Rev. 12/07
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County Name: _____ Tax Year: _____

Entity Name: _____

A. Adjusted sum of valuations (from line 5 of Report 694A)		0	
	1. Fund/Budget Type	2. Budgeted Revenue Property Tax Revenues Only (from Report 693)	3. 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
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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: _____

**County Assessing and Collecting levies
Tax Rate Summary
Report 693**

Form PT-693-CAC
pt-693cac.xls Rev. 12/07

County: _____ **Tax Year:** _____

The county governing body for the above county has set the current year's tax rates as follows:

Purpose of Tax Rate <small>(code from Utah Code Annotated)</small>	Certified Tax Rate <small>(Report 713 line 10 or 713B col. 5)</small>	Proposed Tax Rate <small>(Report 694 line 7 or 694B col. 3)</small>	Maximum By Law	Budgeted Revenue <small>(Report 694 line 1 or 694B col. 2)</small>
Assess & Collect – State (950*) §59-2-906.1(1)			.000300	
Assess & Collect – County (955) §59-2-906.1(4)			.000200	
Mandates (960) §59-2-906.3(1)			Sufficient	
Reappraisal (965) §59-2-906.3(2)			Sufficient	
Total Tax Rate	0	0	Total Revenue	0

Certification by Taxing Entity

I, _____, as authorized agent, hereby certify that this statement is true and correct and in compliance with all sections of the Utah State Code relating to the tax rate setting process.
Signature: _____ Date: _____

Title: _____ Telephone: _____

Mailing address: _____

Note: This report must be filed with the county auditor before June 22nd.

Certification by County Auditor

I have examined the information submitted on this statement and have found it to be true and correct.
Signature: _____ Date: _____

Note: County auditors must forward one copy of this report to the State Tax Commission on or before June 22nd.

* These numbers refer to the budget types used by the State Tax Commission.

**County
Tax Rate Summary
Report 693**

Form PT-693-CNY
pt-693cny.xls Rev. 12/07

County: _____ **Tax Year:** _____

The county governing body for the above county has set the current year's tax rates as follows:

Purpose of Tax Rate <small>(code from Utah Code Annotated)</small>	Certified Tax Rate <small>(Report 713 line 10 or 713B col. 5)</small>	Proposed Tax Rate <small>(Report 694 line 7 or 694B col. 3)</small>	Maximum By Law	Budgeted Revenue <small>(Report 694 line 1 or 694B col. 2)</small>
General County Purposes (010*) §59-2-908			.003200/.003600	
Interest and Sinking Fund (020) §17-12-1			Sufficient	
County Library (030) §9-7-501			.001000	
Discharge of Judgement (190) §59-2-1328 & 1330			Sufficient	
Flood Control (040) §17-8-6			Sufficient	
County Health (540) §26A-1-117			0.000400	
Tort Liability (050) Government Immunity Act §63-30-27			0.000100	
Other (Specify purpose and statute):				
Total Tax Rate	<input type="text"/>	<input type="text"/>	Total Revenue	<input type="text"/>

Certification by Taxing Entity

I, _____, as authorized agent, hereby certify that this statement is true and correct and in compliance with all sections of the Utah State Code relating to the tax rate setting process.
Signature: _____ Date: _____

Title: _____ Telephone: _____

Mailing address: _____

Note: This report must be filed with the county auditor before June 22nd.

Certification by County Auditor

I have examined the information submitted on this statement and have found it to be true and correct.
Signature: _____ Date: _____

Note: County auditors must forward one copy of this report to the State Tax Commission on or before June 22nd.

* These numbers refer to the budget types used by the State Tax Commission.

**City/Town
Tax Rate Summary
Report 693**

Form PT-693CTY
pt-693cty.xls Rev. 12/07

City/Town: _____

County: _____ **Tax Year:** _____

The Board of Trustees for the above city or town has set the current year's tax rates as follows:

Purpose of Tax Rate <small>(code from Utah Code Annotated)</small>	Certified Tax Rate <small>(Report 713 line 10 or 713B col. 5)</small>	Proposed Tax Rate <small>(Report 694 line 7 or 694B col. 3)</small>	Maximum By Law	Budgeted Revenue <small>(Report 694 line 1 or 694B col. 2)</small>
General Purposes (010*) §10-6-133/10-5-112			.007000	
Interest & Sinking Fund (020) §11-1-1			Sufficient	
Water, Light, Power, Sewage, Water Purification (140) §10-7-14.2			.000800	
Hospitals (080) (towns & 3rd class cities) §10-8-91			.001000	
Tort Liability (050) Government Immunity Act §63-30-27			.000100	
Recreation (090) §11-2-7			Sufficient	
Special Imp. Guaranty (200) §17A-3-334			.000200	
City Library (030) §9-7-401			.001000	
Judgement Recovery (190) §59-2-1328 & 1330			Sufficient	
Other (Specify purpose and statute):				
Total Tax Rate	<input type="text"/>	<input type="text"/>	Total Revenue	<input type="text"/>

Certification by Taxing Entity

I, _____, as authorized agent, hereby certify that this statement is true and correct and in compliance with all sections of the Utah State Code relating to the tax rate setting process.

Signature: _____

Date: _____

Title: _____

Telephone: _____

Mailing address: _____

Note: This report must be filed with the county auditor before June 22nd.

Certification by County Auditor

I have examined the information submitted on this statement and have found it to be true and correct.

Signature: _____

Date: _____

Note: County auditors must forward one copy of this report to the State Tax Commission on or before June 22nd.

* These numbers refer to the budget types used by the State Tax Commission.

School District Tax Rate Summary
Report 693

Form PT-693-SCH
pt-693sch.xls Rev. 12/07

School District: _____

County: _____ Tax Year: _____

The Board of Education for the above school district has set the current year's tax rates as follows:

Purpose of Tax Rate <small>(code from Utah Code Annotated)</small>	Certified Tax Rate	Proposed Tax Rate	Maximum By Law	Budgeted Revenue
	<small>(Report 713 line 10 or 713B col. 5)</small>	<small>(Report 694 line 7 or 694B col. 3)</small>		<small>(Report 694 line 1 or 694B col. 2)</small>
Basic State Levy (210*) §53A-17a-135			Calculated	
Voted Leeway (510) §53A-17a-133 Rate limit: _____ Date of election: _____			Voted	
Board App Leeway §53A-17a-134 Rate limit: _____ (515) Date of election: _____			.000400	
Voted Capital Leeway §53A-16-110 Rate limit: _____ (500) Date of election: _____			Less than 0.2% of Taxable Value	
Transportation (220) §53A-17a-127			.000300	
Recreation Facilities (090) §11-2-7			Sufficient	
Tort Liability (050) §63-30-27			.000100	
Capital Outlay (240) §53A-16-107			.002400	
10% Additional §53A-17a-145 Other (521)				
Debt (Non-G.O.) (520)			Calculated	
Judgement Recovery (190) §59-2-1328 & 1330			Sufficient	
Subtotal Tax Rate	<input type="text"/>	<input type="text"/>		<input type="text"/>
General Obligation Debt (230) §51-5-4			Sufficient	
Total Tax Rate	<input type="text"/>	<input type="text"/>		<input type="text"/>

Certification by Taxing Entity

I, _____, as authorized agent, hereby certify that this statement is true and correct and in compliance with all sections of the Utah State Code relating to the tax rate setting process.
Signature: _____ Date: _____

Title: _____ Telephone: _____

Mailing address: _____

Note: This report must be filed with the county auditor before June 22nd.

Certification by County Auditor

I have examined the information submitted on this statement and have found it to be true and correct.
Signature: _____ Date: _____

Note: County auditors must forward one copy of this report to the State Tax Commission on or before June 22nd.

* These numbers refer to the budget types used by the State Tax Commission.

**Special Service District
Tax Rate Summary
Report 693**

Form PT-693-SSD
pt-693ssd.xls Rev. 12/07

Special Service District: _____

County: _____ **Tax Year:** _____

The Board of Trustees for the above special district has set the current year's tax rates as follows:

Purpose of Tax Rate <small>(Code from Utah Code Annotated)</small>	Certified Tax Rate <small>(Report 713 line 10 or 713B col. 5)</small>	Proposed Tax Rate <small>(Report 694 line 7 or 694B col. 3)</small>	Maximum By Law	Budgeted Revenue <small>(Report 694 line 1 or 694B col. 2)</small>
Mosquito Abatement (110*) §17A-2-909			0.000400	
Cemetery Maintenance (100) §17A-2-222			0.000400	
County Improvement District for Water, Sewage, Flood Control, Electric and Gas (140) §17A-2-312			0.000800	
Fire Protection (070) §17A-2-618			0.000800	
Water Conservancy (150) §17A-2-1423			Under Const .000100 After const .000200 Upper basin .000400 Lower basin .001000	
Tort Liability (050) §63-30-27 (Government Immunity Act)			0.000100	
Metropolitan Water (120) §17A-2-834			Sufficient	
County Service Area (570) §17A-2-414			0.001400	
Part 13, Multiple Service Area (160) §17A-2-1322			Voted	
Debt Service (020) §11-1-1			Sufficient	
Judgement Recovery (190) §59-2-1328 & 1330			Sufficient	
Other (Specify purpose and statute):				
Total Tax Rate			Total Revenue	

Certification by Taxing Entity

I, _____, as authorized agent, hereby certify that this statement is true and correct and in compliance with all sections of the Utah State Code relating to the tax rate setting process.
Signature: _____ Date: _____

Title: _____ Telephone: _____

Mailing address: _____

Note: This report must be filed with the county auditor before June 22nd.

Certification by County Auditor

I have examined the information submitted on this statement and have found it to be true and correct.
Signature: _____ Date: _____

Note: County auditors must forward one copy of this report to the State Tax Commission on or before June 22nd.

* These numbers refer to the budget types used by the State Tax Commission.

