

# 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>
<b>Basic State Levy</b> (210*) §53A-17a-135			Calculated	
<b>Voted Leeway</b> (510) §53A-17a-133 Rate limit: _____ Date of election: _____			Voted	
<b>Board App Leeway</b> §53A-17a-134 Rate limit: _____ (515) Date of election: _____			.000400	
<b>Board App K-3 Reading Program</b> §53A-17a-151 Rate limit: _____ (516) Date of election: _____			.000121	
<b>Voted Capital Leeway</b> §53A-16-110 Rate limit: _____ (500) Date of election: _____ Date of expiration: _____			Less than 0.2% of Taxable Value	
<b>Transportation</b> (220) §53A-17a-127			.000300	
<b>Recreation Facilities</b> (090) §11-2-7			Sufficient	
<b>Tort Liability</b> (050) §63-30-27			.000100	
<b>Capital Outlay</b> (240) §53A-16-107			.002400	
<b>10% Additional</b> §53A-17a-145 Other (521)				
Debt (Non-G.O.) (520)			Calculated	
<b>Judgement Recovery</b> (190) §59-2-1328 & 1330			Sufficient	
<b>Subtotal Tax Rate</b>	[ ]	[ ]		[ ]
<b>General Obligation Debt</b> (230) §51-5-4			Sufficient	
<b>Total Tax Rate</b>	[ ]	[ ]	<b>Total Revenue</b>	[ ]

### 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.