

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
	(Report 713 line 10 or 713B col. 5)	(Report 694 line 7 or 694B col. 3)		(Report 694 line 1 or 694B col. 2)
Basic State Levy (210*)			Calculated	
§53A-17a-135	_____	_____		_____
Voted Leeway (510) §53A-17a-133			Voted	
Rate limit: _____	_____	_____		_____
Date of election: _____	_____	_____		_____
Board App Leeway §53A-17a-134			.000400	
Rate limit: _____ (515)	_____	_____		_____
Date of election: _____	_____	_____		_____
Board App K-3 Reading Program			.000121	
§53A-17a-151	_____	_____		_____
Rate limit: _____ (516)	_____	_____		_____
Date of election: _____	_____	_____		_____
Voted Capital Leeway §53A-16-110			Less than 0.2% of Taxable Value	
Rate limit: _____ (500)	_____	_____		_____
Date of election: _____	_____	_____		_____
Date of expiration: _____	_____	_____		_____
Transportation (220)			.000300	
§53A-17a-127	_____	_____		_____
Recreation Facilities (090)			Sufficient	
§11-2-7	_____	_____		_____
Tort Liability (050)			.000100	
§63-30-27	_____	_____		_____
10% Additional §53A-17a-145				
Other (521)	_____	_____		_____
Debt (Non-G.O.) (520)	_____	_____	Calculated	_____
Judgement Recovery (190)			Sufficient	
§59-2-1328 & 1330	_____	_____		_____
Subtotal Tax Rate				
.000600 Capital Outlay (240)			.000600	
§53A-16-107	_____	_____		_____
Remaining Capital Outlay (240)			.001800	
§53A-16-107	_____	_____		_____
2nd Subtotal Tax Rate				
General Obligation Debt (230)			Sufficient	
§51-5-4	_____	_____		_____
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.