Notice About

Tax Rates

(current year)

| Property Tax Rates in | | axing unit's name) | |
|---|--|--|--|
| | (t | axing unit's name) | |
| This notice concerns the proper proper | ty tax rates for | (taxing unit | 's name) |
| This notice provides information about two tax rates amount of taxes as last year if you compare propertic can adopt without holding an election. In each case, adjustments as required by state law. The rates are g | es taxed in both years. In mo these rates are calculated by | st cases, the voter-approval tax dividing the total amount of tax | rate is the highest tax rate a taxing unit |
| Taxing units preferring to list the rates can expand th | is section to include an expla | nation of how these tax rates w | vere calculated. |
| This year's no-new-revenue tax rate | | \$ | /\$100 |
| This year's voter-approval tax rate | | \$ | |
| To see the full calculations, please visit(| (website address) | r a copy of the Tax Rate Calcul | ation Worksheet. |
| Unencumbered Fund Balances | | | |
| The following estimated balances will be left in the tax debt obligation. | xing unit's accounts at the en | d of the fiscal year. These balan | ces are not encumbered by corresponding |
| | ype of Fund | | Balance |
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| Current Year Debt Service | | | |
| The following amounts are for long-term debts that ar additional sales tax revenues, if applicable). | re secured by property taxes. | These amounts will be paid from | m upcoming property tax revenues (or |

| Description of Debt | Contract Payment to be Paid From Property Taxes | Interestto be Paid From Property Taxes | Other Amounts to be Paid | Total Payment |
|---------------------|---|--|--------------------------|------------------|
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Principal or

(expand as needed on the last page)

| Notice of Tax Rates | Total require | d for | deht service | | | \$ | | | Form 50-212 |
|------------------------------|-------------------|---------------------------|-----------------------|-------------------|-------------------|----------------|-------------------------|---------------------------|--------------------------------|
| | Total Tequile | (current year | | | | Ψ | | | |
| - | Amount (if a | ny) paid from fu | nds listed in un | encumbered fu | nds | . \$ | | | |
| _ | Amount (if a | ny) paid from ot | her resources . | | | . \$ | | | |
| - | Excess colle | ctions last year. | | | | . \$ | | | |
| | = Total to | be paid from ta | axes in | | | . \$ | | | |
| | + Amour | nt added in antic | , | , | collect | | | | |
| | only | % of its | s taxes in | | | \$ | | | |
| | (collec | tion rate) | (current | year) | | | | | |
| = | Iotal Deb | t Levy | | | | \$ | | | |
| Voter-Approval | Γax Rate Ac | <u>djustments</u> | | | | | | | |
| State Criminal J | ustice Man | date | | | | | | | |
| Γhe(county n | name) | County Auditor | certifies that _ | (county | name) (| County has sp | ent \$ | (mir | nus any amount |
| received from state re | evenue for suc | <i>h costs</i>) in the p | revious 12 mon | ths for the mai | ntenance and c | operations cos | t of keeping i | nmates senten | ced to the Texas |
| Department of Crimin | | | | | | | | | |
| ninus the state reven | | | | | | | | | |
| ndigent Health (| Care Comp | ensation Ex | penditures | | | | | | |
| Γhe | | | | spent \$ | | from July 1 | | to Jun 30 | |
| | (county | name) | | | (amount) | , - | (prior year) | | (current year) |
| on indigent health car | e compensatio | on procedures a | t the increased | minimum eligit | oility standards, | less the amou | unt of state a | ssistance. For t | the current tax |
| ear, the amount of in | crease above | last year's enha | nced indigent h | nealth care exp | enditures is \$_ | | This incr | eased the vote | r-approval tax |
| rate by \$ | | | \$100. | | | | | | |
| ndigent Defense | e Compens | ation Exper | nditures | | | | | | |
| | | | | | | _ | | | |
| The | (county | name) | : | spent \$ | (amount) | from | July 1 <i>(prior</i> | to June 3 <i>year)</i> | (current year) |
| o provide appointed o | counsel for ind | igent individuals | s, less the amou | ınt of state gra | nts received by | the county. In | the precedin | ig year, the cou | inty spent |
| | | ense compensa | | | | | | | |
| , | bia imano e e e e | N | al make leve th | | /04.00 to | _ | | | |
| \$ I (amount of increase) | nis increased t | the voter-approv | rai rate by \$ (am | ount of increase) | φτυυ το recoup | (use one phra | | sentence: the inc | creased year's expenditures |

| lotice of lax kates | | | | Form 50-21 |
|---|--|-----------------------------|-----------------------|----------------------------|
| ligible County Hospital Expendit | ui es | | | |
| ne(name of taxing unit) | spent \$ | from | າ July 1 | to June 30 |
| (name of taxing unit) | | (amount) | (prior year, | (current ye |
| expenditures to maintain and operate an e | eligible county hospital. In the preceding | ng year, the | (taxing unit na | ome) |
| | | | | |
| ent \$ for county hospital expend | | | ist year's expendit | ures is |
| . This increased the voter-mount of increase) | approval tax rate by/\$ | 100 to recoup | se to complete senter | nce: the increased |
| | | expenditures, o | | preceding year's expendito |
| s notice contains a summary of the no-nev | v-revenue and voter-approval calculat | ions as | | |
| tified by | | | | |
| | dividual's name and position) (date) | | | |
| | | | | |
| encumbered Fund Balances Ext | ended Table | | | |
| following estimated balances will be left in | the taxing unit's accounts at the end of | the fiscal year. These bala | nces are not encur | mbered by |
| responding debt obligation. | of Fund | Balan | ce (\$) | |
| 3,50 | | | (4) | |
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Notice of Tax Rates Form 50-212

Current Year Debt Service Extended Table

The following amounts are for long-term debts that are secured by property taxes. These amounts will be paid from upcoming property tax revenues (or additional sales tax revenues, if applicable).

| Description of Debt | Principal or Contract Payment to be Paid From Property Taxes (\$) | Interestto be Paid From Property Taxes (\$) | Other Amounts to be Paid (\$) | Total Payment (\$) |
|---------------------|--|---|----------------------------------|-----------------------|
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