

# **CERTIFICATION OF TAXABLE VALUE**

DR-420 R. 5/12 Rule 12D-16.002 Florida Administrative Code Provisional

Year	Year: 2012 County: VOLUSIA								
Principal Authority : Taxing Authority : SOUTHEAST VOLUSIA HOSPITAL SOUTHEAST VOLUSIA H			OSPITAL						
SEC	SECTION I: COMPLETED BY PROPERTY APPRAISER								
1.	Current year taxable value of real property for operating pur	poses		\$ 4,924,288,907					
2.	Current year taxable value of personal property for operating	purposes		\$ 175,272,454					
3.	Current year taxable value of centrally assessed property for	operating p	urposes	\$ 16,238,105					
4.	Current year gross taxable value for operating purposes (Line	e 1 plus Line .	2 plus Line 3)	\$	5,	115,799,466	(4)		
5.	Current year net new taxable value (Add new construction, a improvements increasing assessed value by at least 100%, ar personal property value over 115% of the previous year's value.	and tangible	\$ 36,204,123						
6.	Current year adjusted taxable value (Line 4 minus Line 5)			\$ 5,079,595,343					
7.	Prior year FINAL gross taxable value from prior year applicab			\$	(7)				
8.	Does the taxing authority include tax increment financing are of worksheets (DR-420TIF) attached. If none, enter 0	X YES	□ №	Number 1	(8)				
9.	Does the taxing authority levy a voted debt service millage or a millage voted for 2 years or less under s. 9(b), Article VII, State Constitution? If yes, enter the number of DR-420DEBT, Certification of Voted Debt Millage forms attached. If none, enter 0				⊠ NO	Number 0	(9)		
	Property Appraiser Certification I certify the t	axable value	es above are	correct to t	he best o	f my knowle	dge.		
SIGN HERE	a signature of the party represent			Date :					
	Electronically Certified by Property Appraiser on 6/27/2	М							
SECT	TION II: COMPLETED BY TAXING AUTHORITY								
If this portion of the form is not completed in FULL your taxing authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is not applicable, enter -0									
10.	Prior year operating millage levy (If prior year millage was adjumillage from Form DR-422)	sted then use	adjusted .	3.30	)15	per \$1,000	(10)		
11.	Prior year ad valorem proceeds (Line 7 multiplied by Line 10, di	vided by 1,00	00)	\$		16,494,151	(11)		
12.	Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value (Sum of either Lines 6c or Line 7a for all DR-420TIF forms)					0	(12)		
13.	Adjusted prior year ad valorem proceeds (Line 11 minus Line 12)			\$		16,494,151	(13)		
14.	Dedicated increment value, if any (Sum of either Line 6b or Line 7e for all DR-420TIF forms)			\$		0	(14)		
15.	Adjusted current year taxable value (Line 6 minus Line 14)			\$ 5,079,595,343					
16.	Current year rolled-back rate (Line 13 divided by Line 15, multiplied by 1,000)			3.24	71	per \$1000	(16)		
17.	Current year proposed operating millage rate			3.24	(17)				
	Total taxes to be levied at proposed millage rate (Line 17 multiplied by Line 4, divided by 1,000)				\$ 16,611,512				

19.	TYPE of principal authority (check		1	nicipality		Independent Special District  Water Management District		(19)		
20.		Applicable taxi	ng authority (chec	k one) X Prin	cipal Authority [		endent Specia er Manageme		(20)	
21.		s millage levied	in more than one co	ounty? (check one)	Yes [	∠ No			(21)	
		DEPENDENT	SPECIAL DISTRIC	TS AND MSTUs	STOP	STOP	HERE - SIG	N AND SUBM	AIT	
22.	Ent der fori	oendent special dist	d prior year ad valorem p ricts, and MSTUs levying	proceeds of the princip a millage. <i>(The sum of</i>	al authority, all Line 13 from all DR-420	\$		16,494,151	(22)	
23.	Cu	rrent year aggrega	ate rolled-back rate (Li	ne 22 divided by Line	15, multiplied by 1,000	))	3.2471	per \$1,000	(23)	
24.	Cui	rrent year aggrega	ate rolled-back taxes (	Line 4 multiplied by Li	ne 23, divided by 1,000	) \$		16,611,512	(24)	
25.	Enter total of all operating ad valorem taxes proposed to be levied by the taxing authority, all dependent districts, and MSTUs, if any. (The sum of Lin DR-420 forms)				sum of Line 18 from a	<i>II</i> \$		16,611,512	(25)	
26.	Current year proposed aggregate millage rate (Line 25 divided by Line 4, multiplie by 1,000)				y Line 4, multiplied		3.2471	per \$1,000	(26)	
27.		rent year propose 23, <b>minus 1</b> , mu	ed rate as a percent ch ultiplied by 100)	ange of rolled-back ।	rate (Line 26 divided by	1	300	0.00 %	(27)	
ı	First public Date: budget hearing 9/13/2012		Time : 5:05 PM	Place : Bert Fish Medical C Palmetto Street, No	ce : t Fish Medical Center Administrative Board Room, metto Street, New Smyrna Beach, FL. 32168					
S	Taxing Authority Certification The milla			The millages con	millages and rates are correct to the best of my knowledge s comply with the provisions of s. 200.065 and the provisio 0.071 or s. 200.081, F.S.					
I		Signature of Chief Administrative Officer:				Date :				
G		Electronically Certified by Taxing Authority on 8/2/2012 9:13 AM								
H		Title: Jeff Davidson, CFO			S. II.	Contact Name and Contact Title : Jeff Davidson, CHIEF FINANCE OFFICER				
R	2	Mailing Address PO BOX 909	:		Physical Address PO BOX 909	Physical Address : PO BOX 909				
		City, State, Zip : NEW SMYRNA BEACH, FL 32170			Phone Number : 386-423-0001					

# CERTIFICATION OF TAXABLE VALUE INSTRUCTIONS

"Principal Authority" is a county, municipality, or independent special district (including water management districts).

"Taxing Authority" is the entity levying the millage. This includes the principal authority, any special district dependent to the principal authority, any county municipal service taxing unit (MSTU), and water management district basins.

Each taxing authority must submit to their property appraiser a DR-420 and the following forms, as applicable:

- · DR-420TIF, Tax Increment Adjustment Worksheet
- · DR-420DEBT, Certification of Voted Debt Millage
- DR-420MM-P, Maximum Millage Levy Calculation Preliminary Disclosure

# Section I: Property Appraiser

Use this DR-420 form for all taxing authorities except school districts. Complete Section I, Lines 1 through 9, for each county, municipality, independent special district, dependent special district, MSTU, and multicounty taxing authority. Enter only taxable values that apply to the taxing authority indicated. Use a separate form for the principal authority and each dependent district, MSTU and water management district basin.

#### Line 8

Complete a DR-420TIF for each taxing authority making payments to a redevelopment trust fund under Section 163.387 (2)(a), Florida Statutes or by an ordinance, resolution or agreement to fund a project or to finance essential infrastructure.

Check "Yes" if the taxing authority makes payments to a redevelopment trust fund. Enter the number of DR-420TIF forms attached for the taxing authority on Line 8. Enter 0 if none.

#### Line 9

Complete a DR-420DEBT for each taxing authority levying either a voted debt service millage (s.12, Article VII, State Constitution) or a levy voted for two years or less (s. 9(b), Article VII, State Constitution).

Check "Yes" if the taxing authority levies either a voted debt service millage or a levy voted for 2 years or less (s. 9(b), Article VII, State Constitution). These levies do not include levies approved by a voter referendum not required by the State Constitution. Complete and attach DR-420DEBT. Do not complete a separate DR-420 for these levies.

Send a copy to each taxing authority and keep a copy. When the taxing authority returns the DR-420 and the accompanying forms, immediately send the original to:

Florida Department of Revenue Property Tax Oversight - TRIM Section P. O. Box 3000 Tallahassee, Florida 32315-3000

# Section II: Taxing Authority

Complete Section II. Keep one copy, return the original and one copy to your property appraiser with the applicable DR-420TIF, DR-420DEBT, and DR-420MM-P within 35 days of certification. Send one copy to the tax collector. "Dependent special district" (ss. 200.001(8)(d) and 189.403(2), F.S.) means a special district that meets at least one of the following criteria:

- The membership of its governing body is identical to that of the governing body of a single county or a single municipality.
- All members of its governing body are appointed by the governing body of a single county or a single municipality.
- During their unexpired terms, members of the special district's governing body are subject to removal at will by the governing body of a single county or a single municipality.
- The district has a budget that requires approval through an affirmative vote or can be vetoed by the governing body of a single county or a single municipality.

"Independent special district" (ss. 200.001(8)(e) and 189.403 (3), F.S.) means a special district that is not a dependent special district as defined above. A district that includes more than one county is an independent special district unless the district lies wholly within the boundaries of a single municipality.

"Non-voted millage" is any millage not defined as a "voted millage" in s. 200.001(8)(f), F.S.

#### Lines 12 and 14

Adjust the calculation of the rolled-back rate for tax increment values and payment amounts. See the instructions for DR-420TIF. On Lines 12 and 14, carry forward values from the DR-420TIF forms.

#### Line 24

Include only those levies derived from millage rates.



# TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF R. 6/10 Rule 12DER11-10 Florida Administrative Code Eff. 05/11

Year: 2012 County				: VOLUSIA						
Principal Authority: SOUTHEAST VOLUSIA HOSPITAL				axing Authority: OUTHEAST VOLUSIA HOSPITAL						
		unity Redevelopment Area :	Base Yea	ar:						
Ne	w S	myrna Beach	1985							
SEC	TIO	N I: COMPLETED BY PROPERTY APPRAISER	•							
1.	Cui	rrent year taxable value in the tax increment area	7700		\$	234,616,238	(1)			
2.	Bas	e year taxable value in the tax increment area			\$	69,814,730	(2)			
3.	Cur	rrent year tax increment value (Line 1 minus Line 2)			\$ 164,801,508					
4.	Pric	or year Final taxable value in the tax increment area			\$ 232,141,838					
5.	Pric	or year tax increment value (Line 4 minus Line 2)			\$	162,327,108	(5)			
-	ICAL	Property Appraiser Certification	the taxab	le values al	oove are correct t	o the best of my knowled	dge.			
20,000	IGN ERE	Signature of Property Appraiser:			Date :					
		Electronically Certified by Property Appraiser on 6/27	/2012 9:59	9 AM						
SEC	TIO	N II: COMPLETED BY TAXING AUTHORITY Complete I	EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	1.			
6. If	the	amount to be paid to the redevelopment trust fund IS BA	SED on a	specific pro	portion of the tax	cincrement value:				
6a.	Ent	er the proportion on which the payment is based.				0.00 %	(6a)			
6b.	6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)					0	(6b)			
66. Amount of payment to reduce learners than the reduced are set to reduce learners that the reduced are set to reduce learners than the reduced are set					\$		- 100			
6c. Amount of payment to redevelopment trust fund in prior year			on a specifi		0	(6c)				
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED or  7a. Amount of payment to redevelopment trust fund in prior year				on a specin	\$		(7a)			
		r year operating millage levy from Form DR-420, Line 10			0.000	0 0 per \$1,000	(7a) (7b)			
	_	es levied on prior year tax increment value				0 per \$1,000	atomic Inc			
/ C.	(Line	e 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)			
	(Line	r year payment as proportion of taxes levied on incremene 7a divided by Line 7c, multiplied by 100)		¥ 5	0.00 %					
7e.	Ded	icated increment value (Line 3 multiplied by the percentage If value is zero or less than zero, then enter zero on Line		7d)	\$	0	(7e)			
			culations,	millages an		to the best of my knowle	dge.			
S	;	Signature of Chief Administrative Officer:			Date :					
ı		Electronically Certified By Taxing Authority On 8/1/2012								
G	- 1	Title:		Contact Name and Contact Title : Jeff Davidson, CHIEF FINANCE OFFICER						
N	N Jeff Davidson, CFO			Jeπ David	ICE OFFICER					
Н	Mailing Address : PI			Physical Address :						
E PO BOX 909				PO BOX 909						
R	- 1									
E	E City, State, Zip: Phone				Number : Fax Number :					
NEW SMYRNA BEACH, FL 32170 386				386-423-0	386-423-0002					

# TAX INCREMENT ADJUSTMENT WORKSHEET INSTRUCTIONS

Property appraisers must complete and sign Section I of this worksheet and provide it with form DR-420, *Certification of Taxable Value*, to all taxing authorities who make payments to a redevelopment trust fund under:

- s. 163.387(2)(a), Florida Statutes, or
- An ordinance, resolution, or agreement to fund a project or to finance essential infrastructure.

"Tax increment value" is the cumulative increase in taxable value from the base year to the current year within the defined geographic area. It is used to determine the payment to a redevelopment trust fund under:

- s. 163.387(1), F.S. or
- An ordinance, resolution, or agreement to fund a project or finance essential infrastructure. In this case, the taxing authority must certify the boundaries and beginning date to the property appraiser.

"Dedicated increment value" is the portion of the tax increment value used to determine the payment to the redevelopment trust fund. (See s. 200.001(8)(h), F.S.) Calculate the dedicated increment value on this form and enter on either Line 6b or Line 7e.

"Specific proportion," used to determine whether to complete Line 6 or Line 7, refers to the calculation of the tax increment payment. Examples:

# Example 1.

Section.163.387(1), F.S., states the payment made by the taxing authority should equal 95% of the millage levied times the tax increment value. The specific proportion in this case is 95%. The ordinance providing for the payment may set a percentage lower than 95%. In these cases, the lower percentage would be the specific proportion.

# · Example 2.

Some required tax increment payments are not directly related to the tax increment value. A constant dollar payment is a payment not based on a specific proportion of the tax increment value. Line 7 converts these payments into a proportion based on the prior year's payment and tax increment value to reach the current year's dedicated increment value.

# **Section I: Property Appraiser**

A. Complete Section I of this form for each county, municipality, independent special district, dependent special district, and MSTU that:

- · Has a tax increment value and
- Is not exempted from making payments to a community redevelopment trust fund based on tax increments (s. 163.387(2)(c), F.S.).

If a taxing authority has more than one tax increment value, they must complete a separate form for each tax increment value. Send a copy to each taxing authority with the DR-420 and keep a copy. When the taxing authority returns the completed forms, immediately send the original to:

Florida Department of Revenue Property Tax Oversight Program - TRIM P. O Box 3000 Tallahassee, Florida 32315-3000

B. Enter only tax increment values that apply to the value located within the taxing authority indicated.

# **Section II: Taxing Authority**

Complete Section II of the form, keep one copy, and return the original and one copy to your property appraiser with DR-420 within 35 days of certification. Send one copy to your tax collector.

# Additional Instructions for Lines 6 and 7

Complete Line 6 if the payment into the redevelopment trust fund is a specific proportion of the tax increment value.

Complete Line 7 if the payment is based on a calculation other than a specific proportion. Do not complete both Lines 6 and 7.



# MAXIMUM MILLAGE LEVY CALCULATION PRELIMINARY DISCLOSURE

For municipal governments, counties, and special districts

DR-420MM-P R. 5/12 Rule 12D-16.002 Florida Administrative Code Provisional

Ye	ear: 2012	VOLUS	SIA						
	incipal Authority: DUTHEAST VOLUSIA HOSPITAL	ity : OLUSIA H	OSPITAL						
1.	Is your taxing authority a municipality or independent special distrivalorem taxes for less than 5 years?	ed ad	Yes	No No	(1)				
	IF YES, STOP HERE. SIGN AND SUBMIT. You are not subject to a millage limitation								
2.	Current year rolled-back rate from Current Year Form DR-420, Line		3.2471	per \$1,000	(2)				
3.	Prior year maximum millage rate with a majority vote from 2011 Form DR-4	120MM, Line 13		4.1165	per \$1,000	(3)			
4.	Prior year operating millage rate from Current Year Form DR-420, Li	ne 10		3.3015 per \$1,000					
	If Line 4 is equal to or greater than Line 3, skip	to Line 11	. If les	s, continu	ue to Line 5.				
	Adjust rolled-back rate based on prior year r	najority-vote	maximu	m millage	rate				
5.	Prior year final gross taxable value from Current Year Form DR-420,	Line 7	\$		4,995,956,705	(5)			
6.	Prior year maximum ad valorem proceeds with majority vote (Line 3 multiplied by Line 5 divided by 1,000)	\$		20,565,856	(6)				
7.	Amount, if any, paid or applied in prior year as a consequence of an measured by a dedicated increment value from Current Year Form	\$		0	(7)				
8.	Adjusted prior year ad valorem proceeds with majority vote (Line 6	\$		20,565,856	(8)				
9.	Adjusted current year taxable value from Current Year form DR-420	\$		5,079,595,343	(9)				
10.	10. Adjusted current year rolled-back rate (Line 8 divided by Line 9, multiplied by 1,000)			4.0487	per \$1,000	(10)			
	Calculate maximum millage levy								
11.	Rolled-back rate to be used for maximum millage levy calculation (Enter Line 10 if adjusted or else enter Line 2)		4.0487	per \$1,000	(11)				
12.	. Change in per capita Florida personal income (See Line 12 Instructions)			1.0447					
13.	Majority vote maximum millage rate allowed (Line 11 multiplied by Li	ine 12)		4.2297	per \$1,000	(13)			
14.	Two-thirds vote maximum millage rate allowed (Multiply Line 13 by 1	.10)		4.6527	per \$1,000	(14)			
15.	Current year proposed millage rate		3.2471	per \$1,000	(15)				
16.	6. Minimum vote required to levy proposed millage: (Check one)					(16)			
X	a. Majority vote of the governing body: Check here, if Line 15 is less to the majority vote maximum rate. <i>Enter Line 13 on Line 17</i> .				177	equal			
	b. Two-thirds vote of governing body: Check here if Line 15 is less than or equal to Line 14, but greater than Line 13. The maximum millage rate is equal to proposed rate. <i>Enter Line 15 on Line 17</i> .								
	c. Unanimous vote of the governing body, or 3/4 vote if nine memb The maximum millage rate is equal to the proposed rate. <i>Enter L</i>			f Line 15 is g	reater than Line 1	14.			
_	d. Referendum: The maximum millage rate is equal to the proposed	l rate. <i>Enter Lir</i>	ne 15 on i	Line 17.					
17.	The selection on Line 16 allows a maximum millage rate of (Enter rate indicated by choice on Line 16)			4.2297	per \$1,000	(17)			
18.	Current year gross taxable value from Current Year Form DR-420, Lin	\$	\$ 5,115,799,466 (18						

				***			I = = .=		
Taxing Authority: SOUTHEAST VOLUSIA HOSPITAL						DR-420MM-P R. 5/12			
300	THEAST VOLUSIA HOSPITAL					Page 2			
19.	Current year proposed taxes (Line 15 multiplie	ed by Line 18, divided b	y 1,000)	\$		16,61	1,512	(19)	
20.	Total taxes levied at the maximum millage ra 1,000)		by Line 18, divided by	\$	21,638,29			(20)	
	DEPENDENT SPECIAL DISTRICTS AND MSTUS  STOP HERE. SIGN AND SUBMIT.								
	Enter the current year proposed taxes of all d a millage . <i>(The sum of all Lines 19 from each d</i>			\$	0			(21)	
22.	Total current year proposed taxes (Line 19 plu	ıs Line 21)	Tr 1018	\$		16,61	1,512	(22)	
7	otal Maximum Taxes				(-0,0)				
	Enter the taxes at the maximum millage of all levying a millage ( <i>The sum of all Lines 20 from</i>			\$	0			(23)	
24.	Total taxes at maximum millage rate (Line 20	plus line 23)		\$		21,63	8,297	(24)	
T	Total Maximum Versus Total Taxes Levied								
	Are total current year proposed taxes on Line maximum millage rate on Line 24? (Check on	an total taxes at the	X YES	5 🗌	NO		(25)		
S	<b>Taxing Authority Certification</b> I certify the millages and rates are correct to the comply with the provisions of s. 200.065 and to 200.081, F.S.								
I	Signature of Chief Administrative Officer	·:		Date :					
G N	Flectronically Certified by Taxing Author	ity on 8/1/2012 11:11	AM						
H	Title : Jeff Davidson, CFO	Contact Name and Contact Title : Jeff Davidson, CHIEF FINANCE OFFICER							
R E	Mailing Address: PO BOX 909 PO BOX 909 PO BOX 909								
	City, State, Zip : NEW SMYRNA BEACH, FL 32170	Phone Number : 386-423-0001	Fax Number : 386-423-0002						

Complete and submit this form DR-420MM-P, Maximum Millage Levy Calculation-Preliminary Disclosure, to your property appraiser with the form DR-420, Certification of Taxable Value.

# DR-420MM-P R. 5/12 Page 3

# PRELIMINARY DISCLOSURE INSTRUCTIONS

# **General Instructions**

Each of the following taxing authorities must complete a DR-420MM-P.

- County
- Municipality
- Special district dependent to a county or municipality
- County MSTU
- Independent special district, including water management districts
- Water management district basin

Voting requirements for millages adopted by a two-thirds or a unanimous vote are based on the full membership of the governing body, not on the number of members present at the time of the vote.

This form calculates the maximum tax levy for 2012 allowed under s. 200.065(5), F.S. Counties and municipalities, including dependent special districts and MSTUs, which adopt a tax levy at the final hearing higher than allowed under s. 200.065, F.S., may be subject to the loss of their half-cent sales tax distribution.

DR-420MM-P shows the maximum millages and taxes levied based on your adoption vote. Each taxing authority must complete, sign, and submit this form to the Department of Revenue.

# **Line Instructions**

# **Lines 5-10**

Only taxing authorities that levied a 2010 millage rate less than their maximum majority vote rate must complete these lines. The adjusted rolled-back rate on Line 10 is the rate that would have been levied if the maximum vote rate for 2011 had been adopted. If these lines are completed, enter the adjusted rate on Line 11.

# Line 12

This line is entered by the Department of Revenue. The same adjustment factor is used statewide by all taxing authorities. It is based on the change in per capita Florida personal income (s. 200.001(8)(i), F.S.), which Florida Law requires the Office of Economic and Demographic Research to report each year.

## Lines 13 and 14

Millage rates are the maximum that could be levied with a majority or two-thirds vote of the full membership of the governing body. With a unanimous vote of the full membership (three-fourths vote of the full membership if the governing body has nine or more members) or a referendum, the maximum millage rate that can be levied is the taxing authority's statutory or constitutional cap.

# Line 16

Check the box for the minimum vote necessary at the final hearing to levy your adopted millage rate.

## Line 17

Enter the millage rate indicated by the box checked in Line 16. If the adopted millage rate is equal to or below the majority vote maximum millage rate, enter the majority vote maximum. If a two-thirds vote, a unanimous vote, or a referendum is required, enter the adopted millage rate. For a millage requiring more than a majority vote, the adopted millage rate must be entered on Line 17, rather than the maximum rate, so that the comparisons on Lines 21 through 25 are accurate.