Reset Form

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CERTIFICATION OF TAXABLE VALUE

DR-420 R. 5/12 Rule 12D-16.002 Florida Administrative Code Effective 11/12

Year :	2018	VOLUSIA					
	pal Authority : FAX HOSPITAL	Taxing Auth HALIFAX H					
SECT	TION I: COMPLETED BY PROPERTY APPRAISER						
1.	Current year taxable value of real property for operating pur	rposes		\$	16,	104,227,550	(1)
2.	Current year taxable value of personal property for operating	g purposes		\$ 1,157,731,267			(2)
3.	Current year taxable value of centrally assessed property for	operating p	urposes	\$		23,624,026	(3)
4.	Current year gross taxable value for operating purposes (Lir	ne 1 plus Line	2 plus Line 3)	\$	17,	285,582,843	(4)
5.	Current year net new taxable value (Add new construction, improvements increasing assessed value by at least 100%, a personal property value over 115% of the previous year's va	nnexations, a	and tangible	\$		221,059,195	(5)
6.	, , ,			\$	17,	064,523,648	(6)
7.	, , , , , , , , , , , , , , , , , , , ,			\$	15,	955,526,234	(7)
8.	8. Does the taxing authority include tax increment financing areas? If yes, enter number of worksheets (DR-420TIF) attached. If none, enter 0			✓ YES	□ NO	Number 11	(8)
9.	Does the taxing authority levy a voted debt service millage or a millage voted for 2 9. 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			☐ YES	✓ NO	Number 0	(9)
	Property Appraiser Certification I certify the	taxable valu	es above are	correct to t	he best o	f my knowled	dge.
SIGN HERE	Signature of Property Appraiser:			Date:			
III	Electronically Certified by Property Appraiser			6/29/20	18 3:13	PM	
SECT	TION II: COMPLETED BY TAXING AUTHORITY						
	If this portion of the form is not completed in FULL you possibly lose its millage levy privilege for the t	_	•			tion and	
10.	Prior year operating millage levy (If prior year millage was adj millage from Form DR-422)	justed then us	se adjusted	0.00	000	per \$1,000	(10)
11.	Prior year ad valorem proceeds (Line 7 multiplied by Line 10,	divided by 1,0	000)	\$		0	(11)
12.	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.	13. Adjusted prior year ad valorem proceeds (Line 11 minus Line 12)			\$		0	(13)
14.	14. Dedicated increment value, if any (Sum of either Line 6b or Line 7e for all DR-420TIF forms)			\$		0	(14)
15.	15. Adjusted current year taxable value (Line 6 minus Line 14)			\$	17,	064,523,648	(15)
16.	16. Current year rolled-back rate (Line 13 divided by Line 15, multiplied by 1,000)			0.00	000	per \$1000	(16)
17.	17. Current year proposed operating millage rate			0.00	000	per \$1000	(17)
18.	Total taxes to be levied at proposed millage rate. (Line 17 multiplied by Line 4 divided			\$		0	(18)

19.	TYPE of principal authority (check	one) County	_		t Special District gement District	(19)
20.	Applicable taxing authority (check	one) 🗸 Princip	al Authority	·	Special District gement District Basin	(20)
21.	Is millage levied in more than one cou	unty? (check one)	☐ Yes 🗸	No		(21)
	DEPENDENT SPECIAL DISTRICT	TS AND MSTUS	STOP S	TOP HERE	- SIGN AND SUBM	IIT
22.	Enter the total adjusted prior year ad valorem pr dependent special districts, and MSTUs levying a forms)			\$	0	(22)
23.	Current year aggregate rolled-back rate (Lin	ne 22 divided by Line 15,	multiplied by 1,000)	0.000	o per \$1,000	(23)
24.	Current year aggregate rolled-back taxes (Li	ine 4 multiplied by Line	23, divided by 1,000)	\$	0	(24)
25.	Enter total of all operating ad valorem taxes taxing authority, all dependent districts, and DR-420 forms)			\$	0	(25)
26.	Current year proposed aggregate millage raby 1,000)	ate (Line 25 divided by L	ine 4, multiplied	0.000	per \$1,000	(26)
27.	Current year proposed rate as a percent cha Line 23, minus 1, multiplied by 100)	ange of rolled-back rate	e (Line 26 divided by		0.00 %	(27)
j	First public Date : budget hearing	Time :	Place :			
	Taxing Authority Certification	, .	ly with the provision		est of my knowledg 065 and the provisio	
(Signature of Chief Administrative Office G	er:		Date:		
	Title: Eric M. Peburn, Chief Financial Officer		Contact Name and Eric M. Peburn, Ch			
F	Mailing Address : 303 N Clyde Morris Blvd		Physical Address : 303 N Clyde Morri	s Blvd		
•	City, State, Zip:		Phone Number :		Fax Number :	
	Daytona Beach, FL 32114		386-425-4568		386-425-4575	

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.

FLORIDA

Yea	ar:	2018		County:	V	OLUSIA		
		l Authority : X HOSPITAL		Taxing Au HALIFAX I				
Cor	nmu	nity Redevelopment Area :		Base Year	:			
Orı	mono	d Beach-North Mainland / Ormond Crossings	5	2006				
SEC	TIOI	II: COMPLETED BY PROPERTY APPRAIS	ER					
1.	Curr	ent year taxable value in the tax increment a	area			\$	19,263,646	(1)
2.	Base	year taxable value in the tax increment area	a			\$	10,124,427	(2)
3.	Curr	ent year tax increment value (Line 1 minus L	ine 2)			\$	9,139,219	(3)
4.	Prio	r year Final taxable value in the tax incremer	nt area			\$	17,041,971	(4)
5.	Prio	r year tax increment value (Line 4 minus Line	2)			\$	6,917,544	(5)
	ICNI	Property Appraiser Certification	I certify	y the taxable	e values ab	ove are correct to	the best of my knowled	dge.
	IGN ERE	Signature of Property Appraiser:				Date :		
		Electronically Certified by Property Appra	aiser			6/29/2018 3:13	3 PM	
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Complete			EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	۱.
6. If	If the amount to be paid to the redevelopment trust fund IS BAS				pecific pro	portion of the tax	increment value:	
6a.	oa. Enter the proportion on which the payment is based.						0.00 %	(6a)
6b.	Dedicated in an arrant value (time 2 arratialised by the arrange				ia)	\$	0	(6b)
6c.		ount of payment to redevelopment trust fun				\$	0	(6c)
7. If	the a	amount to be paid to the redevelopment tru	st fund IS N	OT BASED o	n a specifi	c proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fun	d in prior ye	ar		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-	420, Line 10)		0.000	per \$1,000	(7b)
7c.		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
7d.		r year payment as proportion of taxes levied 2. <i>Ta divided by Line 7c, multiplied by 100)</i>	on increme	ent value			0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by a licated increment value) If value is zero or less than zero, then enter	the percenta zero on Lin	ige on Line 7	7d)	\$	0	(7e)
		Taxing Authority Certification	certify the ca	alculations, i	millages an	d rates are correct	to the best of my knowle	dge.
!	S I	Signature of Chief Administrative Officer:				Date :		
	G	Title:			Contact N	lame and Contact	Title :	
ľ	V	Eric M. Peburn, Chief Financial Officer				burn, Chief Finan		
 	H E R	Mailing Address : 303 N Clyde Morris Blvd			Physical A 303 N Cly	address : rde Morris Blvd		
	E	City, State, Zip:			Phone Nu	mber :	Fax Number :	
		Daytona Beach, FL 32114			386-425-	4568	386-425-4575	

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 Section 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.

FLORIDA

2. Base year taxable value in the tax increment area 3. Current year tax increment value (Line 1 minus Line 2) 4. Prior year Final taxable value in the tax increment area 5. 68,687,7 5. Prior year tax increment value (Line 4 minus Line 2) 5. SIGN HERE SIGN HERE Property Appraiser Certification Signature of Property Appraiser: Electronically Certified by Property Appraiser: Electronically Certified by Property Appraiser SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete by the tax increment value: 6a. Enter the proportion on which the payment is based. 6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b 6c. Amount of payment to redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value 7a. Amount of payment to redevelopment trust fund in prior year 7b. Prior year operating millage levy from Form DR-420, Line 10 7c. Taxes levied on prior year tax increment value (Line 7a divided by Line 7b, divided by 1,000) 7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7b, divided by 1,000) 1 Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification I certify the calculations, millages and rates are correct to the best of my known in the payment is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification I certify the calculations, millages and rates are correct to the best of my known in the payment is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification I certify the calculations, millages and rates are correct to the best of my known in the payment is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification I certify the calculations, millages and rates are correct to the best of my kn	Yea	ır:	2018		County:	V	OLUSIA		
Daytona Beach-South Atlantic 2000									
ECTION I: COMPLETED BY PROPERTY APPRAISER 1. Current year taxable value in the tax increment area	l .		·		Base Year	:			
1. Current year taxable value in the tax increment area \$ 73,994,6 2. Base year taxable value in the tax increment area \$ 63,521,3 3. Current year tax increment value (Line 1 minus Line 2) \$ 10,473,2 4. Prior year Final taxable value in the tax increment area \$ 68,687,7 5. Prior year tax increment value (Line 4 minus Line 2) \$ 5,166,3 SIGN Property Appraiser Certification Certify the taxable values above are correct to the best of my known Signature of Property Appraiser: Electronically Certified by Property Appraiser Date : Electronically Certified by Property Appraiser Date : 6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value: 6a. Enter the proportion on which the payment is based. 0.00 6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b 6c. Amount of payment to redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value 7a. Amount of payment to redevelopment trust fund in prior year 7b. Prior year operating millage levy from Form DR-420, Line 10 0.0000 per \$1,00 7c. Taxes levied on prior year tax increment value (Line 7c, multiplied by Line 7c, divided by Line 7c, divided by Line 7c, multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification Certify the calculations, millages and rates are correct to the best of my known in the payment is proportion of taxes levied on increment value (Line 7c, multiplied by Line 7c, multiplied by 100) 7c. Dedicated increment value (Line 3 multiplied by 100) 7c. Taxing Authority Certification Certify the calculations, millages and rates are correct to the best of my known in the payment is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification Certify the calculations, millages and rates are correct to the best of my known in the payment is zero or less than ze	Day	ytona	a Beach-South Atlantic		2000				
2. Base year taxable value in the tax increment area 3. Current year tax increment value (Line 1 minus Line 2) 4. Prior year Final taxable value in the tax increment area 5. Prior year tax increment value (Line 4 minus Line 2) 5. Prior year tax increment value (Line 4 minus Line 2) 5. Prior year tax increment value (Line 4 minus Line 2) 5. SIGN HERE SIGN HERE Property Appraiser Certification Signature of Property Appraiser: Electronically Certified by Property Appraiser: Electronically Certified by Property Appraiser Electronically Certified by Electronical State Interest Intere	SEC	TION	II: COMPLETED BY PROPERTY APPRAISER						
3. Current year tax increment value (Line 1 minus Line 2) 4. Prior year Final taxable value in the tax increment area 5. 68,687,7 5. Prior year tax increment value (Line 4 minus Line 2) 5. 166,3 SIGN HERE	1.	Curr	ent year taxable value in the tax increment area	a			\$	73,994,602	(1)
4. Prior year Final taxable value in the tax increment area 5. Reference of the property Appraiser Settification SIGN HERE SIGN H	2.	Base	year taxable value in the tax increment area		\$ 63,5			63,521,382	(2)
Sign Here Sign H	3.	Curr	ent year tax increment value (Line 1 minus Line	2)			\$	10,473,220	(3)
SIGN HERE Property Appraiser Certification	4.	Prio	year Final taxable value in the tax increment a	rea			\$	68,687,722	(4)
SIGN HERE Signature of Property Appraiser: Electronically Certified by Property Appraiser SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete be 6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value: 6a. Enter the proportion on which the payment is based. 6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b 6c. Amount of payment to redevelopment trust fund in prior year 7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value 7a. Amount of payment to redevelopment trust fund Is NOT BASED on a specific proportion of the tax increment value 7a. Taxes levied on prior year tax increment value (Itine 5 multiplied by Line 7b, divided by 1,000) 7d. Prior year operating millage levy from Form DR-420, Line 10 9.000 9.000 9.000 9.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.0000 10.0000 10.0000 10.0000 10.0000 10.0000 10.0000 10.0000 10.0000 10.0000 10.0000 10.0000 10.0000 10.00000 10.0000 10.0000 10.0000 10.0000 10.0000 10.0000 10.00000 10.00000 10.00000 10.00000000	5.	Prio	year tax increment value (Line 4 minus Line 2)				\$	5,166,340	(5)
Signature of Property Appraiser: Date: 6/29/2018 3:13 PM		CNI	Property Appraiser Certification	I certify	the taxable	e values ab	ove are correct to	o the best of my knowled	dge.
SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete b 6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value: 6a. Enter the proportion on which the payment is based. 6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b 6c. Amount of payment to redevelopment trust fund in prior year 7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value 7a. Amount of payment to redevelopment trust fund in prior year 7b. Prior year operating millage levy from Form DR-420, Line 10 7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000) 7d. Prior year payment as proportion of taxes levied on increment value (Line 5 a divided by Line 7c, multiplied by 100) 7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification I certify the calculations, millages and rates are correct to the best of my known in the control of the control of the calculations, millages and rates are correct to the best of my known in the calculations of Contact Name and Contact Title: Eric M. Peburn, Chief Financial Officer H Mailing Address: Physical Address:			Signature of Property Appraiser:	•			Date :		
6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value: 6a. Enter the proportion on which the payment is based. 6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)			Electronically Certified by Property Appraise	er			6/29/2018 3:13	3 PM	
6a. Enter the proportion on which the payment is based. 6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) 1	SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Comple			EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ո.
6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b 6c. Amount of payment to redevelopment trust fund in prior year 7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value 7a. Amount of payment to redevelopment trust fund in prior year 7b. Prior year operating millage levy from Form DR-420, Line 10 7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000) 7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100) 7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification I certify the calculations, millages and rates are correct to the best of my knothing in the control of the control	6. If 1	the a	mount to be paid to the redevelopment trust f	und IS B	ASED on a s _l	pecific pro	portion of the tax	increment value:	
If value is zero or less than zero, then enter zero on Line 6b S	6a.							0.00 %	(6a)
6c. Amount of payment to redevelopment trust fund in prior year 7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value 7a. Amount of payment to redevelopment trust fund in prior year 7b. Prior year operating millage levy from Form DR-420, Line 10 7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000) 7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100) 7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification Signature of Chief Administrative Officer: Date: Title: Eric M. Peburn, Chief Financial Officer Mailing Address: Physical Address:	6b.	Dedicated increment value (Line 3 multiplied by the percent				ia)	\$	0	(6b)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value 7a. Amount of payment to redevelopment trust fund in prior year 7b. Prior year operating millage levy from Form DR-420, Line 10 7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000) 7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100) 7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e S I G Title: Contact Name and Contact Title: Eric M. Peburn, Chief Financial Officer Mailing Address: Physical Address:	6с.						\$	0	(6c)
7b. Prior year operating millage levy from Form DR-420, Line 10 7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000) 7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100) 7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification Signature of Chief Administrative Officer: Date: Title: Eric M. Peburn, Chief Financial Officer Mailing Address: Physical Address:	7. If	the a	mount to be paid to the redevelopment trust f	und IS NO	OT BASED o	n a specifi	c proportion of th	ne tax increment value:	
7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000) 7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100) 7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification Signature of Chief Administrative Officer: Date: Title: Eric M. Peburn, Chief Financial Officer Mailing Address: Physical Address:	7a.	Amo	ount of payment to redevelopment trust fund ir	n prior ye	ar		\$	0	(7a)
7c. (Line 5 multiplied by Line 7b, divided by 1,000) 7d. Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100) 7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification Signature of Chief Administrative Officer: Date: Title: Contact Name and Contact Title: Eric M. Peburn, Chief Financial Officer Mailing Address: Physical Address:	7b.	Prio	year operating millage levy from Form DR-420), Line 10	0.0000			0 per \$1,000	(7b)
Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100) 7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e Taxing Authority Certification Signature of Chief Administrative Officer: Date: Title: Eric M. Peburn, Chief Financial Officer Mailing Address: Physical Address:							\$	0	(7c)
Taxing Authority Certification Signature of Chief Administrative Officer: Date: Title: Eric M. Peburn, Chief Financial Officer Mailing Address: Physical Address:				increme	nt value			0.00 %	(7d)
Taxing Authority Certification Signature of Chief Administrative Officer: Date: Title: Eric M. Peburn, Chief Financial Officer Mailing Address: Physical Address:	7e.	Ded	cated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter zero.	percenta ro on Lin	ge on Line 7 e 7e	7d)	\$	0	(7e)
Title: Contact Name and Contact Title: Eric M. Peburn, Chief Financial Officer Eric M. Peburn, Chief Financial Officer Mailing Address: Physical Address:						millages an	d rates are correct	t to the best of my knowle	edge.
Title: Contact Name and Contact Title: Eric M. Peburn, Chief Financial Officer Eric M. Peburn, Chief Financial Officer Mailing Address: Physical Address:	5	5	Signature of Chief Administrative Officer:				Date :		
N Eric M. Peburn, Chief Financial Officer Eric M. Peburn, Chief Financial Officer H Mailing Address: Physical Address:	Ī	I							
H Mailing Address: Physical Address:									
_ Mailing Address : Physical Address :	N	4	Eric M. Peburn, Chief Financial Officer			Eric M. Pe	burn, Chief Finan	ncial Officer	
		Mailing Address :				Physical A	ddress:		
R 305 N Clyde Morns Blvd	R	E 303 N Clyde Morris Blvd				303 N Cly	de Morris Blvd		
City, State, Zip: Phone Number: Fax Number:	E	=	City, State, Zip :			Phone Nu	mber :	Fax Number :	
Daytona Beach, FL 32114 386-425-4568 386-425-4575			Daytona Beach, FL 32114			386-425-4	4568	386-425-4575	

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.

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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.

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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.

FLORIDA

Yea	ar:	2018		County:	V	OLUSIA		
		l Authority: X HOSPITAL		Taxing Au HALIFAX	thority : HOSPITAL			
Cor	mmu	nity Redevelopment Area :		Base Year	·:			
Ро	rt Ora	ange-Town Center		1998				
SEC	TIOI	NI: COMPLETED BY PROPERTY APPRAI	SER					
1.	Curr	ent year taxable value in the tax increment	area			\$	43,630,459	(1)
2.	Base	year taxable value in the tax increment are	ea			\$	29,558,416	(2)
3.	Curr	ent year tax increment value (Line 1 minus	Line 2)			\$	14,072,043	(3)
4.	Prio	r year Final taxable value in the tax increme	nt area			\$	43,056,441	(4)
5.	Prio	r year tax increment value (Line 4 minus Line	e 2)			\$	13,498,025	(5)
	IGN	Property Appraiser Certification	l certify	y the taxabl	e values ak	oove are correct to	the best of my knowled	dge.
1	IERE	Signature of Property Appraiser:	•			Date :		
	Electronically Certified by Property Appraiser					6/29/2018 3:13	3 PM	
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Complete			EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If	. If the amount to be paid to the redevelopment trust fund IS BAS				pecific pro	portion of the tax	increment value:	
6a.	Enter the proportion on which the payment is based.						0.00 %	(6a)
6b.	Dedicated in successful (1 in a 2 southing in directly a successful in the successfu				5a)	\$	0	(6b)
6c.	Amo	ount of payment to redevelopment trust fu	nd in prior ye	ear		\$	0	(6c)
7. If	the a	amount to be paid to the redevelopment tr	ust fund IS N	OT BASED o	n a specifi	c proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fu	nd in prior ye	ear		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR	-420, Line 10)		0.000	per \$1,000	(7b)
7c.		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
7d.		r year payment as proportion of taxes levied 27 a divided by Line 7c, multiplied by 100)	d on increme	ent value			0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by If value is zero or less than zero, then ente	the percento	nge on Line I	7d)	\$	0	(7e)
		Taxing Authority Certification	l certify the c	alculations,	millages an	d rates are correct	to the best of my knowle	≟dge.
:	S	Signature of Chief Administrative Officer:				Date :		
	I							
	G	Title:				lame and Contact		
	N	Eric M. Peburn, Chief Financial Officer			Eric M. Pe	eburn, Chief Finan	cial Officer	
	H	Mailing Address :			Physical A			
1	E 303 N Clyde Morris Blvd				303 N Cly	de Morris Blvd		
	E	City, State, Zip:			Phone Number : Fax Number :			
		Daytona Beach, FL 32114			386-425-	4568	386-425-4575	

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

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

PLORIDA

Year:	2018	County:	V	OLUSIA		
	al Authority: AX HOSPITAL	Taxing Au HALIFAX				
1	unity Redevelopment Area : na Beach-West Side	Base Year 1997	:			
SECTIO	ON I: COMPLETED BY PROPERTY APPRAISER	<u>'</u>				
1. Cu	rrent year taxable value in the tax increment area			\$	103,472,874	(1)
2. Ba	se year taxable value in the tax increment area			\$	60,641,706	(2)
3. Cu	rrent year tax increment value (Line 1 minus Line 2)			\$	42,831,168	(3)
4. Pri	or year Final taxable value in the tax increment area	l		\$	95,404,809	(4)
5. Pri	or year tax increment value (Line 4 minus Line 2)			\$	34,763,103	(5)
CICA		certify the taxabl	e values ab	ove are correct to	the best of my knowled	dge.
SIGN HER	Cianatura of Dranarty Appraisar .			Date :		
	Electronically Certified by Property Appraiser			6/29/2018 3:13	3 PM	
SECTIO	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER lin			7 as applicable.	Do NOT complete both	n.
6. If the	amount to be paid to the redevelopment trust fun-	pecific pro	portion of the tax	increment value:		
6a. En	ter the proportion on which the payment is based.				0.00 %	(6a)
6b. De	dicated increment value (Line 3 multiplied by the performance is zero or less than zero, then enter zero)		ia)	\$	0	(6b)
6c. An	nount of payment to redevelopment trust fund in p	rior year		\$	0	(6c)
7. If the	amount to be paid to the redevelopment trust fun-	d IS NOT BASED o	n a specifi	c proportion of th	e tax increment value:	
7a. An	nount of payment to redevelopment trust fund in p	rior year		\$	0	(7a)
7b. Pri	or year operating millage levy from Form DR-420, L	ine 10		0.0000	per \$1,000	(7b)
	kes levied on prior year tax increment value ne 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)
/ C. (Li	or year payment as proportion of taxes levied on inc ne 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)
7e. De	dicated increment value (Line 3 multiplied by the per If value is zero or less than zero, then enter zero	rcentage on Line 7 on Line 7e	7d)	\$	0	(7e)
	Taxing Authority Certification I certify	the calculations,	millages an	d rates are correct	to the best of my knowle	edge.
S	Signature of Chief Administrative Officer :			Date:		
G N	Title: Eric M. Peburn, Chief Financial Officer			lame and Contact burn, Chief Finan		
H E R E	Mailing Address : 303 N Clyde Morris Blvd		Physical Address : 303 N Clyde Morris Blvd			
	City, State, Zip:		Phone Number : Fax Number :			
	Daytona Beach, FL 32114		386-425-4	4568	386-425-4575	

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



Yea	ar:	2018		County:	V	OLUSIA		
		l Authority: X HOSPITAL		Taxing Au HALIFAX	thority : HOSPITAL			
Cor	nmu	nity Redevelopment Area :		Base Year	·:			
So	uth D	Paytona		1997				
SEC	TIOI	NI: COMPLETED BY PROPERTY APPRA	ISER					
1.	Curr	ent year taxable value in the tax increment	t area			\$	234,004,736	(1)
2.	Base	year taxable value in the tax increment ar	ea			\$	116,601,454	(2)
3.	Curr	ent year tax increment value (Line 1 minus	Line 2)			\$	117,403,282	(3)
4.	Prio	r year Final taxable value in the tax increme	ent area			\$	214,034,033	(4)
5.	Prio	r year tax increment value (Line 4 minus Lin	ne 2)			\$	97,432,579	(5)
	IGN	Property Appraiser Certification	n I certif	y the taxabl	e values ab	oove are correct to	the best of my knowled	dge.
1	IERE	Signature of Property Appraiser:	•			Date :		
		Electronically Certified by Property App	raiser			6/29/2018 3:13	3 PM	
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Comple			EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If	If the amount to be paid to the redevelopment trust fund IS BASE				pecific pro	portion of the tax	increment value:	
6a.	6a. Enter the proportion on which the payment is based.						0.00 %	(6a)
6b.	De di este di escapa est valva (Lina 2 escapio de de la company				5a)	\$	0	(6b)
6с.	Amo	ount of payment to redevelopment trust fu	nd in prior ye	ear		\$	0	(6c)
7. If	the a	amount to be paid to the redevelopment tr	ust fund IS N	OT BASED o	n a specifi	c proportion of th	e tax increment value:	•
7a.	Amo	ount of payment to redevelopment trust fu	nd in prior ye	ear		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DF	R-420, Line 10	0		0.0000	per \$1,000	(7b)
7c.		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
7d.		r year payment as proportion of taxes levie 27 a divided by Line 7c, multiplied by 100)	d on increme	ent value			0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied b) If value is zero or less than zero, then ento	y the percento er zero on Lir	age on Line I	7d)	\$	0	(7e)
		Taxing Authority Certification	I certify the c	alculations,	millages an	d rates are correct	to the best of my knowle	edge.
;	s	Signature of Chief Administrative Officer :				Date :		
	I							
	G	Title:				lame and Contact		
	N	Eric M. Peburn, Chief Financial Officer			Eric M. Pe	burn, Chief Finan	cial Officer	
	H	Mailing Address :			Physical A	address:		
1	E 303 N Clyde Morris Blvd				303 N Cly	de Morris Blvd		
	E	City, State, Zip:			Phone Nu	mber :	Fax Number :	
		Daytona Beach, FL 32114			386-425-	4568	386-425-4575	

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ELORIDA

Yea	ır:	2018	Coun	ty: V	OLUSIA		
		l Authority : X HOSPITAL		g Authority: FAX HOSPITAL			
1	nmu lly Hi	nity Redevelopment Area : 	Base `	Year :			
SEC	TIOIT	II: COMPLETED BY PROPERTY APPRAISER					
1.	Curr	ent year taxable value in the tax increment area			\$	283,270,124	(1)
2.	Base	year taxable value in the tax increment area			\$	88,342,219	(2)
3.	Curr	ent year tax increment value (Line 1 minus Line 2)		\$ 194,927,905			
4.	Prio	r year Final taxable value in the tax increment are	a		\$	258,087,605	(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2)			\$	169,745,386	(5)
		Property Appraiser Certification	I certify the ta	xable values ab	oove are correct to	the best of my knowled	dge.
	SIGN HERE Signature of Property Appraiser:				Date :		
	Electronically Certified by Property Appraiser				6/29/2018 3:13	3 PM	
SEC	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or				7 as applicable.	Do NOT complete both	n.
6. If	the a	amount to be paid to the redevelopment trust fur	n a specific pro	portion of the tax	increment value:		
6a.	Ente	r the proportion on which the payment is based.				0.00 %	(6a)
6b.	Ded	icated increment value (Line 3 multiplied by the pe		ine 6a)	\$	0	(6b)
60	Δ	If value is zero or less than zero, then enter zero			\$		(6c)
		ount of payment to redevelopment trust fund in p	•	ED on a specifi	<u> </u>	0	(00)
		amount to be paid to the redevelopment trust fund in re		ED on a specifi	\$	e tax increment value:	(7a)
		ount of payment to redevelopment trust fund in p r year operating millage levy from Form DR-420,	•		0.0000		(7b)
		es levied on prior year tax increment value	LINE TO			у рег ут,000	
7c.	(Line	5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)
/u.	(Line	r year payment as proportion of taxes levied on in 27 a divided by Line 7c, multiplied by 100)				0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the pe If value is zero or less than zero, then enter zero	ercentage on L on Line 7e	ine 7d)	\$	0	(7e)
		2	y the calculation	ons, millages an		to the best of my knowle	edge.
9	5 I	Signature of Chief Administrative Officer:			Date:		
N	١	Title : Eric M. Peburn, Chief Financial Officer			lame and Contact burn, Chief Finan		
F	Mailing Address: 303 N Clyde Morris Blvd R			Physical A 303 N Cly	ddress : de Morris Blvd		
•		City, State, Zip :		Phone Number : Fax Number :			
		Daytona Beach, FL 32114		386-425-4	4568	386-425-4575	

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FLORIDA

Yea	ır:	2018	Count	ty: V	OLUSIA		
		l Authority : X HOSPITAL		Authority: AX HOSPITAL			
1		nity Redevelopment Area : ange-East Port	Base \	∕ear:			
			1995				
		NI: COMPLETED BY PROPERTY APPRAISER					(1)
		ent year taxable value in the tax increment area			\$	32,891,919	(1)
		e year taxable value in the tax increment area		\$ 13,693,3			
		ent year tax increment value (Line 1 minus Line 2)			\$	19,198,617	(3)
		r year Final taxable value in the tax increment are	a		\$	31,571,983	(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2)			\$	17,878,681	(5)
SI	GN	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	I certify the tax	kable values ab		the best of my knowled	dge.
	HERE Signature of Property Appraiser:				Date :		
	Electronically Certified by Property Appraiser				6/29/2018 3:13	B PM	
SEC	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6			line 6 or line	7 as applicable.	Do NOT complete both	ı.
6. If	the a	amount to be paid to the redevelopment trust fur	n a specific pro	portion of the tax	increment value:		
6a.	6a. Enter the proportion on which the payment is based.					0.00 %	(6a)
6b.	Ded	icated increment value (Line 3 multiplied by the pe If value is zero or less than zero, then enter zero		ne 6a)	\$	0	(6b)
6с.	Amo	ount of payment to redevelopment trust fund in p	orior year		\$	0	(6c)
7. If	the a	amount to be paid to the redevelopment trust fur	nd IS NOT BASE	ED on a specifi	c proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fund in p	orior year		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-420,	Line 10		0.0000	per \$1,000	(7b)
7c.	Taxe (Line	es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)
7d.		r year payment as proportion of taxes levied on in 2. Ta divided by Line 7c, multiplied by 100)	ncrement value	9		0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the per lift value is zero or less than zero, then enter zero	ercentage on Li on Line 7e	ine 7d)	\$	0	(7e)
				ns, millages an	d rates are correct	to the best of my knowle	dge.
9	5 I	Signature of Chief Administrative Officer :			Date :		
N	١	Title: Eric M. Peburn, Chief Financial Officer			lame and Contact burn, Chief Finan		
F	Mailing Address : 303 N Clyde Morris Blvd			Physical A 303 N Cly	Address : rde Morris Blvd		
E	=	City, State, Zip:		Phone Number : Fax Number :			
		Daytona Beach, FL 32114		386-425-4	4568	386-425-4575	

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.

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• 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.

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Section I: Property Appraiser

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Florida Department of Revenue Property Tax Oversight Program - TRIM Section 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.

FLORIDA

Yea	ır:	2018	Co	unty:	V	OLUSIA		
		l Authority : X HOSPITAL		xing Auth ALIFAX HO				
1		nity Redevelopment Area :	Bas	se Year :				
Day	/ton	a Beach-Ballough Road	198	85				
SEC	TIOIT	II: COMPLETED BY PROPERTY APPRAISER						
1.	Curr	ent year taxable value in the tax increment area				\$	24,655,482	(1)
2.	Base	year taxable value in the tax increment area		\$ 9,086,88				(2)
3.	Curr	ent year tax increment value (Line 1 minus Line 2))			\$	15,568,600	(3)
4.	Prio	r year Final taxable value in the tax increment are	ea			\$	23,642,334	(4)
5.	Prio	year tax increment value (Line 4 minus Line 2)				\$	14,555,452	(5)
		Property Appraiser Certification	I certify the	e taxable v	values ab	ove are correct to	the best of my knowled	dge.
	SIGN HERE Signature of Property Appraiser:					Date :		
	Electronically Certified by Property Appraiser					6/29/2018 3:13	PM	
SEC	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6				or line	7 as applicable.	Do NOT complete both	n.
6. If	5. If the amount to be paid to the redevelopment trust fund IS BASED on a specific					oortion of the tax	increment value:	
6a.	6a. Enter the proportion on which the payment is based.						0.00 %	(6a)
6b.	Ded	icated increment value (Line 3 multiplied by the po)	\$	0	(6b)
60	Δ	If value is zero or less than zero, then enter zero)		\$		(6c)
\vdash		ount of payment to redevelopment trust fund in p	•	ACED on	a spesifie	·	0	(OC)
		amount to be paid to the redevelopment trust fund in re		SASED OII	a specific	\$	e tax increment value:	(7a)
		ount of payment to redevelopment trust fund in preserved payment to redevelopment trust fund in preserved.	•			0.0000		(7b)
		es levied on prior year tax increment value	Lille 10				у регут,000	
7c.	(Line	e 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
/ u.	(Line	r year payment as proportion of taxes levied on ir ? 7a divided by Line 7c, multiplied by 100)					0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the po If value is zero or less than zero, then enter zero	ercentage of on Line 7e	n Line 7d	<i>'</i>)	\$	0	(7e)
		Taxing Authority Certification I certif	fy the calcula	ations, mi	illages and	d rates are correct	to the best of my knowle	edge.
S	5 I	Signature of Chief Administrative Officer :				Date :		
		Title:		_		ame and Contact		
N		Eric M. Peburn, Chief Financial Officer			ric M. Pe	burn, Chief Finand	cial Officer	
E	H Mailing Address: 303 N Clyde Morris Blvd R				hysical A 303 N Cly	ddress : de Morris Blvd		
•		City, State, Zip:		Р	Phone Number : Fax Number :			
		Daytona Beach, FL 32114		3	386-425-4	568	386-425-4575	

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Section I: Property Appraiser

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

Section II: Taxing Authority

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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.

FLORIDA

Yea	r:	2018		County:	V	OLUSIA		
		l Authority: X HOSPITAL		Taxing Au HALIFAX	•			
		nity Redevelopment Area :		Base Year	:			
Day	/tona	a Beach-Main Street		1982				
SEC	TION	II: COMPLETED BY PROPERTY APPRAISE	R	l				
1.	Curr	ent year taxable value in the tax increment are	ea			\$	426,310,298	(1)
2.	Base	year taxable value in the tax increment area				\$	68,695,639	(2)
3.	Curr	ent year tax increment value (Line 1 minus Lin	e 2)			\$	357,614,659	(3)
4.	Prio	r year Final taxable value in the tax increment	area			\$	394,421,442	(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2))			\$	325,725,803	(5)
CI	GN	Property Appraiser Certification	I certify	the taxabl	e values ab	ove are correct to	the best of my knowled	dge.
	ERE	Signature of Property Appraiser:				Date :		
		Electronically Certified by Property Apprais	ser			6/29/2018 3:13	3 PM	
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Comple			EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ı.
6. If	the a	amount to be paid to the redevelopment trust	fund IS BA	ASED on a s	pecific pro	portion of the tax	increment value:	
6a.	Enter the proportion on which the payment is based.						0.00 %	(6a)
6b.		icated increment value (Line 3 multiplied by th If value is zero or less than zero, then enter z			ia)	\$	0	(6b)
6с.	Amo	ount of payment to redevelopment trust fund	in prior ye	ar		\$	0	(6c)
7. If	the a	amount to be paid to the redevelopment trust	fund IS NO	OT BASED o	n a specifi	c proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fund	in prior ye	ar		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-42	20, Line 10			0.000	per \$1,000	(7b)
		es levied on prior year tax increment value e 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
/ u.	(Line	r year payment as proportion of taxes levied o ? 7a divided by Line 7c, multiplied by 100)					0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by th If value is zero or less than zero, then enter z	e percenta ero on Lin	ge on Line 7 e 7e	7d)	\$	0	(7e)
		Taxing Authority Certification	ertify the ca	lculations,	millages an	d rates are correct	to the best of my knowle	dge.
S	;	Signature of Chief Administrative Officer:				Date :		
l								
N		Title: Eric M. Peburn, Chief Financial Officer				ame and Contact		
		ETIC M. Peburn, Chief Financial Officer			ENCIVI. PE	burn, Chief Finan	ciai Officer	
F		Mailing Address :			Physical A			
F	E 303 N Clyde Morris Blvd				303 N Cly	de Morris Blvd		
E		City, State, Zip:			Phone Nu	mber :	Fax Number :	
		Daytona Beach, FL 32114			386-425-4	4568	386-425-4575	

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:

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

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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.

FLORIDA

Yea	ar:	2018		County:	V	OLUSIA		
		l Authority: X HOSPITAL		Taxing Au HALIFAX	thority: HOSPITAL			
1		nity Redevelopment Area :		Base Year	·:			
Da	yton	a Beach-Downtown		1982				
SEC	TIOI	II: COMPLETED BY PROPERTY APPRAISER						
1.	Curr	ent year taxable value in the tax increment area	a			\$	138,014,865	(1)
2.	Base	year taxable value in the tax increment area		\$ 49,000,5			49,000,577	(2)
3.	Curr	ent year tax increment value (Line 1 minus Line	2)			\$	89,014,288	(3)
4.	Prio	r year Final taxable value in the tax increment a	rea			\$	127,354,853	(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2)				\$	78,354,276	(5)
	ichi	Property Appraiser Certification	I certify	the taxabl	ne taxable values above are correct to the best of my knowled			
	IGN ERE	Signature of Property Appraiser:	1			Date :		
		Electronically Certified by Property Appraise	er			6/29/2018 3:13	3 PM	
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Comple			EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If	. If the amount to be paid to the redevelopment trust fund IS				pecific pro	portion of the tax	increment value:	
6a.	6a. Enter the proportion on which the payment is based.						0.00 %	(6a)
6b.	Ded	icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter zero			ia)	\$	0	(6b)
6c.	Amo	ount of payment to redevelopment trust fund in				\$	0	(6c)
	L	mount to be paid to the redevelopment trust f			n a specifi	c proportion of th	ne tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fund in	n prior ye	ar	<u>-</u>	\$	0	(7a)
7b.	Prio	year operating millage levy from Form DR-420), Line 10				0 per \$1,000	(7b)
7c.		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
7d.	(Line	r year payment as proportion of taxes levied on ? 7a divided by Line 7c, multiplied by 100)					0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter zero	percenta ro on Lin	ge on Line I e 7e	7d)	\$	0	(7e)
		Taxing Authority Certification I cert	tify the ca	lculations,	millages an	d rates are correct	t to the best of my knowle	edge.
:	S	Signature of Chief Administrative Officer:				Date :		
	ı							
	G	Title:				lame and Contact		
	N	Eric M. Peburn, Chief Financial Officer			Eric M. Pe	burn, Chief Finan	icial Officer	
	H Mailing Address :				Physical A			
	E 303 N Clyde Morris Blvd				303 N Cly	de Morris Blvd		
	E	City, State, Zip:			Phone Nu	mber :	Fax Number :	
		Daytona Beach, FL 32114			386-425-4	4568	386-425-4575	

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_								
Year: 2018				County: VOLUSIA				
Principal Authority: HALIFAX HOSPITAL				Taxing Authority: HALIFAX HOSPITAL				
Community Redevelopment Area :					Base Year :			
Ormond Beach					1984			
SECTION I: COMPLETED BY PROPERTY APPRAISER								
1. Current year taxable value in the tax increment area						\$	157,876,055	(1)
2.	Base year taxable value in the tax increment area					\$ 45,486,221 (2)		
3.	Current year tax increment value (Line 1 minus Line 2)					\$ 112,389,834 (3)		
4.	Prior year Final taxable value in the tax increment area					\$	151,335,799	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)				\$ 105,849,578 (5)			
	SIGN Property Appraiser Certification I certify the taxable values above						the best of my knowled	dge.
	ERE	Ciamantonia af Duananton Anananiaan				Date :		
		Electronically Certified by Property Appraiser				6/29/2018 3:13 PM		
SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line						7 as applicable.	Do NOT complete both	ı.
6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:								
6a.	a. Enter the proportion on which the payment is based.						0.00 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)					\$	0	(6b)
If value is zero or less than zero, then enter zero on Line 6b						\$	0	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value.								(00)
								(7a)
	Prior year operating millage levy from Form DR-420, Line 10					0.0000 per \$1,000 (7b)		
7c.	Tarra laria de la contacta de la con						·	
/c.	C. (Line 5 multiplied by Line 7b, divided by 1,000)					\$	0	(7c)
7d.	(Line 7a divided by Line 7c, multiplied by 100)						0.00 %	(7d)
7e.	7e. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e					\$	0	(7e)
Taxing Authority Certification I certify the calculations, millages and rates are correct to the best of my knowledge								edge.
S I		Signature of Chief Administrative Officer:				Date :		
	G	Title:			Contact Name and Contact Title:			
	N	Eric M. Peburn, Chief Financial Officer			Eric M. Peburn, Chief Financial Officer			
I	H E R	Mailing Address : 303 N Clyde Morris Blvd			Physical Address : 303 N Clyde Morris Blvd			
'	E	City, State, Zip:			Phone Nu	mber :	Fax Number :	
		Daytona Beach, FL 32114			386-425-4568 386-425-4575			

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