Reset Form

Print Form



# **CERTIFICATION OF TAXABLE VALUE**

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

Year :	2019	County:	VOLUSIA					
	pal Authority : FAX HOSPITAL	Taxing Autl HALIFAX H						
SECT	TION I: COMPLETED BY PROPERTY APPRAISER							
1.	Current year taxable value of real property for operating pur	rposes		\$	17,	329,588,072	(1)	
2.	Current year taxable value of personal property for operation	g purposes		\$ 1,227,837,764			(2)	
3.	Current year taxable value of centrally assessed property for	operating p	urposes	\$		23,663,547	(3)	
4.	4. Current year gross taxable value for operating purposes (Line 1 plus Line 2 plus Line 3)			\$	18,	581,089,383	(4)	
5.	personal property value over 115% of the previous year's value. Subtract deletions.)					\$ 247,467,987		
6.	6. Current year adjusted taxable value (Line 4 minus Line 5)				18,	333,621,396	(6)	
7.	Prior year FINAL gross taxable value from prior year applical	ble Form DR-	-403 series	\$	17,	201,982,872	(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				□ NO	Number 11	(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	taxable valu	ies above are (	correct to t	he best o	f my knowled	lge.	
SIGN HERE	Signature of Property Appraiser:			Date:				
HEKE	Electronically Certified by Property Appraiser			6/21/2019 10:03 AM				
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.	Amount, if any, paid or applied in prior year as a consequence of ar dedicated increment value (Sum of either Lines 6c or Line 7a for all E			\$		0	(12)	
13.	Adjusted prior year ad valorem proceeds (Line 11 minus Line	2 12)		\$		0	(13)	
14.	Dedicated increment value, if any (Sum of either Line 6b or Line 7e for	or all DR-420TI	F forms)	\$		0	(14)	
15.	15. Adjusted current year taxable value (Line 6 minus Line 14)			\$	18,	333,621,396	(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.				0.00	000	per \$1000	(17)	
18.	Total taxes to be levied at proposed millage rate (Line 17 miles by 1,000)	ultiplied by Li	ne 4, divided	\$		0	(18)	

19.	TYPE of principal authority (check of	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	S AND MSTUs	STOP	TOP HERE	- SIGN AND SUBM	1IT
22.	Enter the total adjusted prior year ad valorem prodependent special districts, and MSTUs levying a forms)			\$	0	(22)
23.	Current year aggregate rolled-back rate (Lin	e 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)	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)	inge of rolled-back rat	e (Line 26 divided by		0.00 %	(27)
ļ	First public Date: budget hearing	Time :	Place :			
	Taxing Authority Certification		ly with the provisi		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 an Eric M. Peburn, C			
F	Mailing Address: 303 N Clyde Morris Blvd E		Physical Address 303 N Clyde Mori			
•	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	ır:	2019	County:	County: VOLUSIA				
		l Authority: X HOSPITAL	Taxing Au HALIFAX	thority: HOSPITAL				
1		nity Redevelopment Area : d Beach-North Mainland / Ormond Crossings	Base Year 2006	Base Year: 2006				
SEC	TIOI	I : COMPLETED BY PROPERTY APPRAISER						
1.	Curr	ent year taxable value in the tax increment area			\$	19,854,122	(1)	
2.	Base	year taxable value in the tax increment area			\$	10,124,427	(2)	
3.	3. Current year tax increment value (Line 1 minus Line 2)				\$	9,729,695	(3)	
4.	Prio	r year Final taxable value in the tax increment area			\$	19,264,580	(4)	
5.	5. Prior year tax increment value (Line 4 minus Line 2)				\$	9,140,153	(5)	
<u> </u>	Property Appraiser Certification   I certify the taxable values			e values ab	ove are correct to	the best of my knowled	dge.	
	SIGN HERE Signature of Property Appraiser:				Date :			
		Electronically Certified by Property Appraiser			6/21/2019 10:0	)3 AM		
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY Comp	olete EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	n.	
6. If	the a	amount to be paid to the redevelopment trust fund	l IS BASED on a s	pecific 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 per		5a)	\$	0	(6b)	
60	Δ	If value is zero or less than zero, then enter zero o			\$		(6c)	
		ount of payment to redevelopment trust fund in pri		n a spasifi		0	(OC)	
		amount to be paid to the redevelopment trust fund ount of payment to redevelopment trust fund in pri		on a specin	\$	e tax increment value:	(7a)	
		r year operating millage levy from Form DR-420, Li		0.0000 per \$1,000			(7b)	
		es levied on prior year tax increment value	116 10			у регут,000		
7c.	(Line	2.5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)	
7d.	(Line	r year payment as proportion of taxes levied on inc ? 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by the per- If value is zero or less than zero, then enter zero o	centage on Line 2 on Line 7e	7d)	\$	0	(7e)	
			the calculations,	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	E 303 N Clyde Morris Blvd 303 N				ddress : 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:

- 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

Yea	ır:	2019	County:	County: VOLUSIA				
		l Authority: X HOSPITAL	Taxing Au HALIFAX	thority : HOSPITAL				
1		nity Redevelopment Area : a Beach-South Atlantic	Base Year 2000	Base Year: 2000				
SEC	TIOIT	II: COMPLETED BY PROPERTY APPRAISER	I					
1.	Curr	ent year taxable value in the tax increment area			\$	79,934,286	(1)	
2.	Base	year taxable value in the tax increment area			\$	63,521,382	(2)	
3.	,				\$	16,412,904	(3)	
4.	Prio	r year Final taxable value in the tax increment area			\$	73,312,581	(4)	
5.	5. Prior year tax increment value (Line 4 minus Line 2)				\$	9,791,199	(5)	
	Property Appraiser Certification   I certify the taxable values			e values ab	ove are correct to	the best of my knowled	dge.	
	SIGN HERE Signature of Property Appraiser:				Date :			
		Electronically Certified by Property Appraiser			6/21/2019 10:0	)3 AM		
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY Com	plete EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	n.	
6. If	the a	amount to be paid to the redevelopment trust fund	d IS BASED on a s	pecific 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 per		5a)	\$	0	(6b)	
60	Λma	If value is zero or less than zero, then enter zero or punt of payment to redevelopment trust fund in pr			\$	0	(6c)	
		amount to be paid to the redevelopment trust fund in pr	-	n a specifi		<del>-</del>	(00)	
		punt of payment to redevelopment trust fund in pr		л а эрссии	\$	0	(7a)	
		r year operating millage levy from Form DR-420, Li			0.0000		(7b)	
7c.		es levied on prior year tax increment value				·		
	(Line	2.5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)	
/u.	(Line	r year payment as proportion of taxes levied on inc ? 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by the per If value is zero or less than zero, then enter zero o	rcentage on Line 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.	
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	E 303 N Clyde Morris Blvd 303 N				Physical Address : 303 N Clyde 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:

- 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.

# PER PRINCIPAL OF REVENUE OF REVEN

Yea	ear: 2019			County:	V	/OLUSIA			
		l Authority: X HOSPITAL		Taxing Au HALIFAX	thority : HOSPITAL				
Cor	mmu	nity Redevelopment Area :		Base Year	Base Year :				
Ро	rt Ora	ange-Town Center		1998					
SEC	TIOI	NI: COMPLETED BY PROPERTY APPRA	ISER						
1.	Curr	ent year taxable value in the tax increment	t area		\$			(1)	
2.	Base	year taxable value in the tax increment ar	ea			\$	29,558,416	(2)	
3.	3. Current year tax increment value (Line 1 minus Line 2)					\$	16,166,536	(3)	
4.	Prio	r year Final taxable value in the tax increme	ent area			\$	43,597,211	(4)	
5.	5. Prior year tax increment value (Line 4 minus Line 2)					\$	14,038,795	(5)	
				fy the taxabl	e values ab	oove are correct to	the best of my knowled	dge.	
1	SIGN HERE Signature of Property Appraiser:					Date :			
	Electronically Certified by Property Appraiser					6/21/2019 10:0	)3 AM		
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY	Complete	EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	ո.	
6. If	the a	amount to be paid to the redevelopment to	rust fund IS E	BASED on a s	pecific pro	portion of the tax	increment value:		
6a.	Ente	er the proportion on which the payment is	based.				0.00 %	(6a)	
6b.		icated increment value (Line 3 multiplied b If value is zero or less than zero, then ent			5a)	\$	0	(6b)	
6с.	Amo	ount of payment to redevelopment trust fu	ınd in prior y	ear		\$	0	(6c)	
7. If	the a	amount to be paid to the redevelopment to	rust fund IS N	NOT BASED o	on a specifi	c proportion of th	e tax increment value:		
7a.	Amo	ount of payment to redevelopment trust fu	ınd in prior y	ear ear		\$	0	(7a)	
7b.	Prio	r year operating millage levy from Form DF	R-420, Line 1	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)			\$			(7c)	
7d.		r year payment as proportion of taxes levie 27 a divided by Line 7c, multiplied by 100)	ed on increm	ent value			0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by If value is zero or less than zero, then ent	y the percent <b>er zero on Li</b>	age on Line ne 7e	7d)	\$	0	(7e)	
		Taxing Authority Certification	I certify the	calculations,	millages an	d rates are correct	to the best of my knowle	≟dge.	
	s	Signature of Chief Administrative Officer :				Date :			
	ı								
	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 R	303 N Clyde Morris Blvd			303 N Cly	de Morris Blvd			
	E	City, State, Zip:			Phone Nu	ımber :	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
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"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.

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### **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

Yea	ır:	2019		County:	V	OLUSIA		
		l Authority: X HOSPITAL		Taxing Au HALIFAX	•			
		nity Redevelopment Area :		Base Year:				
Day	/tona	a Beach-West Side		1997				
SEC	TIOI	II: COMPLETED BY PROPERTY APPRAISE	R	1				
1.	Curr	ent year taxable value in the tax increment ar	ea			\$	108,540,052	(1)
2.	Base	year taxable value in the tax increment area				\$	60,641,706	(2)
3.	3. Current year tax increment value (Line 1 minus Line 2)					\$	47,898,346	(3)
4.	Prio	r year Final taxable value in the tax increment	area			\$	101,947,404	(4)
5.	5. Prior year tax increment value (Line 4 minus Line 2)					\$	41,305,698	(5)
CI				the taxabl	e values ab	ove are correct to	o the best of my knowled	dge.
1	SIGN Signature of Property Appraiser:					Date :		
	Electronically Certified by Property Appraiser					6/21/2019 10:0	D3 AM	
SEC	SECTION II: COMPLETED BY TAXING AUTHORITY Complete			EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If	the a	amount to be paid to the redevelopment trust	t fund IS B <i>l</i>	ASED on a s	pecific pro	portion of the tax	increment value:	
6a.	Ente	r the proportion on which the payment is bas	sed.				0.00 %	(6a)
6b.		icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter z			ia)	\$	0	(6b)
6c.	Amo	ount of payment to redevelopment trust fund	in prior ye	ar		\$	0	(6c)
7. If	the a	nmount to be paid to the redevelopment trust	t 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 fund	in prior ye	ar		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-42	20, Line 10	0 0.0000 p			o 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)	
/ u.	(Line	year payment as proportion of taxes levied of					0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter a	ne percenta zero on Lin	ge on Line I	7d)	\$	0	(7e)
		Taxing Authority Certification 100	ertify the ca	lculations,	millages an	d rates are correct	to the best of my knowle	edge.
9	5	Signature of Chief Administrative Officer :				Date :		
ا	  -				ı			
(		Title : Eric M. Peburn, Chief Financial Officer				ame and Contact burn, Chief Finan		
		Elic W. Febuili, Chief Fillancial Officer			LITE IVI. I C	ibum, emeriman	iciai Officei	
1	Mailing Address :				Physical A			
F	₹	303 N Clyde Morris Blvd			303 N Cly	de Morris Blvd		
E		City, State, Zip :			Phone Number : Fax 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:

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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.



Yea	ır:	2019	County	County: VOLUSIA				
		l Authority : X HOSPITAL		uthority: ( HOSPITAL				
		nity Redevelopment Area :	Base Yea	Base Year :				
Sou	ıth D	aytona	1997	1997				
SEC	TIOIT	II: COMPLETED BY PROPERTY APPRAISER	<u>'</u>					
1.	Curr	ent year taxable value in the tax increment area			\$	239,435,221	(1)	
2.	Base	year taxable value in the tax increment area			\$	116,601,454	(2)	
3.	<u> </u>				\$	122,833,767	(3)	
4.	Prio	r year Final taxable value in the tax increment area	)		\$	228,889,577	(4)	
5.	5. Prior year tax increment value (Line 4 minus Line 2)				\$	112,288,123	(5)	
	Property Appraiser Certification   I certify the taxable values			ole values ak	oove are correct to	the best of my knowled	dge.	
	SIGN HERE Signature of Property Appraiser:				Date :			
		Electronically Certified by Property Appraiser			6/21/2019 10:0	)3 AM		
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY Com	plete EITHER li	ne 6 or line	7 as applicable.	Do NOT complete both	n.	
6. If	the a	amount to be paid to the redevelopment trust fun	d IS BASED on 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		6a)	\$	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	•	on a specifi	<u> </u>	0 a tay in gramant value	(OC)	
		amount to be paid to the redevelopment trust fun		on a specin	\$	e tax increment value:	(7a)	
		ount of payment to redevelopment trust fund in p r year operating millage levy from Form DR-420, L		0.0000 per \$1,000			(7b)	
		es levied on prior year tax increment value	ine io			у регут,000		
7c.	(Line	2.5 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	rcentage on Line <b>on Line 7e</b>	7d)	\$	0	(7e)	
		,	the calculations	, millages an		to the best of my knowle	edge.	
S	5 I	Signature of Chief Administrative Officer :			Date:			
0		Title:			lame and Contact			
N		Eric M. Peburn, Chief Financial Officer		Eric M. Pe	eburn, Chief Finan	cial Officer		
E 303 N Clyde Morris Blvd				Physical A 303 N Cly	nddress : rde 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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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.



Yea	ar:	2019		County:	V	OLUSIA		
		l Authority: X HOSPITAL		Taxing Au HALIFAX	thority: HOSPITAL			
Cor	nmu	nity Redevelopment Area :		Base Year :				
Но	lly Hi	II		1995				
SEC	TIOI	II: COMPLETED BY PROPERTY APPRAI	SER					
1.	Curr	ent year taxable value in the tax increment	area	\$ 2			287,400,087	(1)
2.	Base	year taxable value in the tax increment are	ea		\$ 88,34			(2)
3.	3. Current year tax increment value (Line 1 minus Line 2)					\$	199,057,868	(3)
4.	Prio	r year Final taxable value in the tax increme	nt area			\$	277,702,386	(4)
5.	5. Prior year tax increment value (Line 4 minus Line 2)					\$	189,360,167	(5)
C				y the taxabl	e values ak	oove are correct to	the best of my knowled	dge.
1	SIGN HERE Signature of Property Appraiser:					Date :		
	Electronically Certified by Property Appraiser					6/21/2019 10:0	)3 AM	
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY	Complete	EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	1.
6. If	the a	amount to be paid to the redevelopment tr	ust fund IS B	ASED on a s	pecific pro	portion of the tax	increment value:	
6a.	Ente	er the proportion on which the payment is k	oased.				0.00 %	(6a)
6b.		icated increment value (Line 3 multiplied by If value is zero or less than zero, then ente			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	on 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	0.000.0			per \$1,000	(7b)
7c.		es levied on prior year tax increment value e 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
7d.		r year payment as proportion of taxes levied ? 7a 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 percenta er zero on Lin	nge on Line I	7d)	\$	0	(7e)
		Taxing Authority Certification	l certify the ca	alculations,	millages an	d rates are correct	to the best of my knowle	dge.
:	s	Signature of Chief Administrative Officer:				Date :		
	l							
	G N	Title : Eric M. Peburn, Chief Financial Officer				lame and Contact burn, Chief Finan		
		Elic W. Febuili, Chief Fillancial Officer			LITE IVI. I C	ebarri, Criier i iriari	ciai Officei	
	H E	Mailing Address:			Physical A			
1	R	303 N Clyde Morris Blvd			3U3 N Cly	de Morris Blvd		
	E	City, State, Zip :			Phone Nu	ımber :	Fax Number :	
		Daytona Beach, FL 32114			386-425-	4568	386-425-4575	

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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	ır:	2019	County:	County: VOLUSIA				
		l Authority : X HOSPITAL	Taxing Au HALIFAX	uthority: HOSPITAL				
1		nity Redevelopment Area : ange-East Port	Base Yea	Base Year: 1995				
SEC	TIOIT	II: COMPLETED BY PROPERTY APPRAISER						
1.	Curr	ent year taxable value in the tax increment area			\$	35,924,041	(1)	
2.	Base	year taxable value in the tax increment area			\$	13,693,302	(2)	
3.					\$	22,230,739	(3)	
4.	Prio	r year Final taxable value in the tax increment area	)		\$	32,747,224	(4)	
5.	5. Prior year tax increment value (Line 4 minus Line 2)				\$	19,053,922	(5)	
	Property Appraiser Certification   I certify the taxable values			le values ak	oove are correct to	the best of my knowled	dge.	
	SIGN HERE Signature of Property Appraiser:				Date :			
		Electronically Certified by Property Appraiser			6/21/2019 10:0	)3 AM		
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY Com	plete EITHER lir	e 6 or line	7 as applicable.	Do NOT complete both	ı.	
6. If	the a	amount to be paid to the redevelopment trust fun	d IS BASED on 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 If value is zero or less than zero, then enter zero		ба)	\$	0	(6b)	
6c.	Amo	ount of payment to redevelopment trust fund in p			\$	0	(6c)	
$\vdash$		mount to be paid to the redevelopment trust fun		on a specifi	Legistrian of the contract of	e tax increment value:		
		punt of payment to redevelopment trust fund in p			\$	0	(7a)	
7b.	Prio	year operating millage levy from Form DR-420, L	ine 10	0.0000 per \$1,000			(7b)	
7c.	Taxe	es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)	
7d.	Prio	r year payment as proportion of taxes levied on inc 2. Ta divided by Line 7c, multiplied by 100)	crement value			0.00 %	(7d)	
7e.		icated increment value (Line 3 multiplied by the pe	rcentage on Line	7d)	\$	0	(7e)	
		If value is zero or less than zero, then enter zero  Taxing Authority Certification		millages an	d rates are correct	to the best of my knowle	dae	
_ ا		Signature of Chief Administrative Officer:	, the calculations,	illinages an	Date:	to the best of my knowle	uge.	
5	<b>)</b>							
(	3	Title:		Contact N	lame and Contact	Title :		
N	١	Eric M. Peburn, Chief Financial Officer		Eric M. Pe	eburn, Chief Finan	cial Officer		
F F	<u> </u>	Mailing Address : 303 N Clyde Morris Blvd		Physical A 303 N Cly	address : rde Morris Blvd			
•	•	City, State, Zip:		Phone Nu	mber :	Fax Number :		
		Daytona Beach, FL 32114		386-425-4	4568	386-425-4575		

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Yea		2019	County	: \	/OLUSIA			
		l Authority : X HOSPITAL		outhority: X HOSPITAL				
1		nity Redevelopment Area :	Base Ye	ar:				
Day	ytona	a Beach-Ballough Rd	1985	1985				
SEC	TION	II: COMPLETED BY PROPERTY APPRAISER	l l					
1.	Curr	ent year taxable value in the tax increment area			\$	26,313,070	(1)	
2.	Base	year taxable value in the tax increment area		\$			(2)	
3.	3. Current year tax increment value (Line 1 minus Line 2)				\$	17,226,188	(3)	
4.					\$	24,603,541	(4)	
5.	5. Prior year tax increment value (Line 4 minus Line 2)				\$	15,516,659	(5)	
	Property Appraiser Certification   I certify the taxable value			ble values al	oove are correct to	the best of my knowled	dge.	
1	SIGN HERE Signature of Property Appraiser:				Date :			
	Electronically Certified by Property Appraiser				6/21/2019 10:0	)3 AM		
SEC	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or lin			ne 6 or line	7 as applicable.	Do NOT complete both	ո.	
6. If	the a	amount to be paid to the redevelopment trust fun	d IS BASED on 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		? 6a)	\$	0	(6b)	
6.5		If value is zero or less than zero, then enter zero			\$		(6c)	
		ount of payment to redevelopment trust fund in p	•		'	0	(OC)	
		amount to be paid to the redevelopment trust fun		on a specili	\$	e tax increment value:	(7a)	
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		r year operating millage levy from Form DR-420, Les levied on prior year tax increment value	ine io			рег 31,000		
7c.		2.5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)	
7d.		r year payment as proportion of taxes levied on inc ? 7a divided by Line 7c, multiplied by 100)	crement value			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		? 7d)	\$	0	(7e)	
		3 ,	the calculations	s, millages ar	1	to the best of my knowle	edge.	
9	5 I	Signature of Chief Administrative Officer :			Date:			
		Title:			lame and Contact			
N		Eric M. Peburn, Chief Financial Officer		Eric M. Pe	eburn, Chief Finan	cial Officer		
E	H Mailing Address: 303 N Clyde Morris Blvd			Physical A 303 N Cly	Address : /de Morris Blvd			
E	= [	City, State, Zip:		Phone Nu	ımber :	Fax Number :		
		Daytona Beach, FL 32114		386-425-	4568	386-425-4575		

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# FLORIDA

Year:	2019	County: VOLUSIA					
	al Authority: AX HOSPITAL	Taxing Au HALIFAX	ithority : HOSPITAL				
1	unity Redevelopment Area : na Beach-Main Street		Base Year:				
		1902					
	N I : COMPLETED BY PROPERTY APPRAISER			T &		(1)	
	rrent year taxable value in the tax increment area			\$	440,451,632	(1)	
	se year taxable value in the tax increment area			\$	68,695,639	(2)	
<b>—</b>	rrent year tax increment value (Line 1 minus Line 2)			\$	371,755,993	(3)	
	or year Final taxable value in the tax increment area			\$	421,149,709	(4)	
5. Pri	5. Prior year tax increment value (Line 4 minus Line 2)			\$	352,454,070	(5)	
SIGN	SIGN Property Appraiser Certification I certify the taxable value				the best of my knowled	dge.	
HERI	Signature of Property Appraiser:			Date :			
	Electronically Certified by Property Appraiser			6/21/2019 10:0	)3 AM		
SECTIO	N II: COMPLETED BY TAXING AUTHORITY Comple	te EITHER lin	e 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 s	pecific pro	portion of the tax	increment value:		
6a. En	er the proportion on which the payment is based.				0.00 %	(6a)	
6b. De	dicated increment value (Line 3 multiplied by the percer If value is zero or less than zero, then enter zero on l		ба)	\$	0	(6b)	
6c. An	nount of payment to redevelopment trust fund in prior	year		\$	0	(6c)	
7. If the	amount to be paid to the redevelopment trust fund IS	NOT BASED	on a specifi	c proportion of th	e tax increment value:	•	
7a. An	nount of payment to redevelopment trust fund in prior	year		\$	0	(7a)	
7b. Pri	or year operating millage levy from Form DR-420, Line	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)	
7d Pri	or year payment as proportion of taxes levied on increr	ment value			0.00 %	(7d)	
	dicated increment value (Line 3 multiplied by the percer  If value is zero or less than zero, then enter zero on less than zero.	ntage on Line L <b>ine 7e</b>	7d)	\$	0	(7e)	
			millages an	d rates are correct	to the best of my knowle	edge.	
S	Signature of Chief Administrative Officer :			Date:			
Ğ	Title:		Contact N	ame and Contact	Title ·		
N	Eric M. Peburn, Chief Financial Officer			burn, Chief Finan			
H Mailing Address: 303 N Clyde Morris Blvd R 303 N Clyde 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:

- 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

Yea	ar:	2019	County:	VOLUSIA			
		l Authority: X HOSPITAL	Taxing Authority : HALIFAX HOSPITAL				
Con	nmu	nity Redevelopment Area :	Base Year :				
Day	yton	a Beach-Downtown	1982				
SEC	TIOI	I : COMPLETED BY PROPERTY APPRAISER					
1.	Curr	ent year taxable value in the tax increment area		\$	143,961,805	(1)	
2.	Base	year taxable value in the tax increment area		\$	49,000,577	(2)	
3.	Curr	ent year tax increment value (Line 1 minus Line 2)		\$	94,961,228	(3)	
4.	Prio	r year Final taxable value in the tax increment area		\$	136,448,731	(4)	
5.	Prio	r year tax increment value (Line 4 minus Line 2)		\$	87,448,154	(5)	
CI	SIGN Property Appraiser Certification I certify the taxable values above are correct to the best of my knowledge.						
1	ERE	Signature of Property Appraiser:		Date :			
		Electronically Certified by Property Appraiser		6/21/2019 10:0	03 AM		
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY Complete	EITHER line 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 specific pro	oportion of the tax	increment value:		
6a.	Ente	er the proportion on which the payment is based.			0.00 %	(6a)	
6b.	Ded	icated increment value (Line 3 multiplied by the percenta  If value is zero or less than zero, then enter zero on Lin		\$	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 on a specif	ic 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-420, Line 10		0.000	o 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)	
/ u.	(Line	r year payment as proportion of taxes levied on increme 27 <i>a divided by Line 7c, multiplied by 100</i> )			0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by the percenta  If value is zero or less than zero, then enter zero on Lin	ge on Line 7d) <b>e 7e</b>	\$	0	(7e)	
		Taxing Authority Certification I certify the ca	lculations, millages a	nd rates are correct	to the best of my knowle	dge.	
9	5 I	Signature of Chief Administrative Officer :		Date :			
N	_	Title : Eric M. Peburn, Chief Financial Officer		Name and Contact eburn, Chief Finan			
F	Ē	Mailing Address : 303 N Clyde Morris Blvd		yde Morris Blvd			
•	-	City, State, Zip:	Phone N		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:

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"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.

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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

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# FLORIDA

Year: 2019				County:	: VOLUSIA				
Principal Authority: HALIFAX HOSPITAL					Taxing Authority: HALIFAX HOSPITAL				
Community Redevelopment Area :				Base Year:					
Orı	mono	d Beach	1984						
SECTION I: COMPLETED BY PROPERTY APPRAISER									
1.	Current year taxable value in the tax increment area				\$ 163,567,643 (1)			(1)	
2.	Base year taxable value in the tax increment area				\$ 45,486,221 (2)			(2)	
3.	Current year tax increment value (Line 1 minus Line 2)					\$ 118,081,422 (3)			
4.	Prior year Final taxable value in the tax increment area					\$ 157,421,521 (4)			
5.	Prior year tax increment value (Line 4 minus Line 2)				\$ 111,935,300 (5)				
	ICNI	Property Appraiser Certification     Certify			the taxable values above are correct to the best of my knowledge.				
SIGN HERE		Signature of Property Appraiser:		Date :					
		Electronically Certified by Property Appraiser			6/21/2019 10:03 AM				
SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.									
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 %	(6a)	
6b.	6b. Dedicated increment value (Line 3 multiplied by the percentage If value is zero or less than zero, then enter zero on Line				ia)	\$ 0 (6b)			
6c. Amount of payment to redevelopment trust fund in prior year						\$	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:									
7a. Amount of payment to redevelopment trust fund in prior year						\$	0	(7a)	
7b.	7b. Prior year operating millage levy from Form DR-420, Line 10				(		per \$1,000	(7b)	
7c.	7c. Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)				\$ 0 (		(7c)		
7d.	Prior year payment as proportion of taxes levied on incremer (Line 7a divided by Line 7c, multiplied by 100)				0.00 % (7		(7d)		
7e.	Dedicated increment value (Line 3 multiplied by the percentage If value is zero or less than zero, then enter zero on Line			ge on Line 7d) \$		\$	0	(7e)	
Taxing Authority Certification   I certify the calculations, millages and rate							to the best of my knowle	dge.	
S I G N		Signature of Chief Administrative Officer:		Date :					
		Title : Eric M. Peburn, Chief Financial Officer	Contact Name and Contact Title : Eric M. Peburn, Chief Financial Officer						
		Ene W. Febuin, Chief Financial Officer		Encivi. i ebum, emer i maneiai omicei					
H E		Mailing Address:			Physical Address:				
ı	R Sos in clyde Morris Biva			303 N Clyde Morris Blvd					
	City, State, Zip:				Phone Number :		Fax Number :		
		Daytona Beach, FL 32114			386-425-4568 386-425-4575		386-425-4575		

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