

Print Form



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

Year :	2019		County :	VOLUSIA				
	pal Authority : FAX HOSPITAL		Taxing Aut HALIFAX H					
SECT	ION I: COMPLETED BY PROPERTY AP	PRAISER						
1.	Current year taxable value of real property for op	erating pur	poses		\$	17,	329,588,072	(1)
2.	Current year taxable value of personal property f	or operating	g purposes		\$	\$ 1,227,837,764		
3.	Current year taxable value of centrally assessed p	property for	operating p	urposes	\$		23,663,547	(3)
4.	Current year gross taxable value for operating pu	urposes (Lin	e 1 plus Line	2 plus Line 3)	\$	18,	581,089,383	(4)
5.	Current year net new taxable value (Add new co improvements increasing assessed value by at le personal property value over 115% of the previou	and tangible	\$		247,467,987	(5)		
6.	Current year adjusted taxable value (Line 4 minus		\$	18,	333,621,396	(6)		
7.	7. Prior year FINAL gross taxable value from prior year applicable Form DR-403 series						201,982,872	(7)
8.	Does the taxing authority include tax increment of worksheets (DR-420TIF) attached. If none, ent		reas? If yes, e	enter number	✓ YES	□ NO	Number 11	(8)
9.	Does the taxing authority levy a voted debt servi years or less under s. 9(b), Article VII, State Consti DR-420DEBT, <i>Certification of Voted Debt Millage</i> fo	tution? If ye	es, enter the	number of	YES	✓ NO	Number 0	(9)
	Property Appraiser Certification	l certify the	taxable valu	ues above are	correct to t	he best o	f my knowled	dge.
SIGN	Property Appraiser Certification Signature of Property Appraiser:	l certify the	taxable valı	ues above are	correct to t Date :	he best o	f my knowled	dge.
SIGN HERE		l certify the	taxable valı	ues above are	1			dge.
HERE	Signature of Property Appraiser:		taxable valı	ues above are	Date :			lge.
HERE	Signature of Property Appraiser: Electronically Certified by Property Appraiser	HORITY n FULL your	r taxing auth	nority will be c	Date : 6/21/20 lenied TRIM	19 10:0	3 AM	dge.
HERE SECT	Signature of Property Appraiser: Electronically Certified by Property Appraiser ION II : COMPLETED BY TAXING AUTI If this portion of the form is not completed in	HORITY n FULL your ge for the ta	r taxing auth ax year. If an	nority will be c y line is not aj	Date : 6/21/20 lenied TRIM oplicable, e	19 10:0	3 AM	dge. (10)
HERE SECT	Signature of Property Appraiser: Electronically Certified by Property Appraiser ION II : COMPLETED BY TAXING AUTI If this portion of the form is not completed in possibly lose its millage levy privile Prior year operating millage levy (<i>If prior year mill</i>	HORITY n FULL your ge for the ta lage was adj	r taxing auth ax year. If an fusted then u	oority will be c y line is not aj se adjusted	Date : 6/21/20 lenied TRIM oplicable, e	19 10:0 certifica nter -0	3 AM tion and	
HERE SECT 10. 11.	Signature of Property Appraiser: Electronically Certified by Property Appraiser ION II : COMPLETED BY TAXING AUTI If this portion of the form is not completed in possibly lose its millage levy privile Prior year operating millage levy (<i>If prior year mill</i> <i>millage from Form DR-422</i>)	HORITY on FULL your ge for the ta dage was adj by Line 10, o	r taxing auth ax year. If an <i>fusted then u</i> divided by 1, n obligation n	nority will be c y line is not a se adjusted 000) neasured by a	Date : 6/21/20 lenied TRIM oplicable, e 0.3	19 10:0 certifica nter -0	3 AM tion and per \$1,000	(10)
HERE SECT 10. 11. 12.	Signature of Property Appraiser: Electronically Certified by Property Appraiser TON II : COMPLETED BY TAXING AUTI If this portion of the form is not completed in possibly lose its millage levy privile Prior year operating millage levy (<i>If prior year mill</i> <i>millage from Form DR-422</i>) Prior year ad valorem proceeds (<i>Line 7 multiplied</i> Amount, if any, paid or applied in prior year as a conse	HORITY n FULL your ge for the ta lage was adj by Line 10, o equence of ar ne 7a for all D	r taxing auth ax year. If an <i>iusted then u</i> divided by 1,0 n obligation n <i>R-420TIF forn</i>	nority will be c y line is not a se adjusted 000) neasured by a	Date : 6/21/20 lenied TRIM oplicable, e 0.3	19 10:0 certifica nter -0	3 AM tion and per \$1,000 6,099,823	(10)
HERE SECT 10. 11. 12.	Signature of Property Appraiser: Electronically Certified by Property Appraiser TON II : COMPLETED BY TAXING AUTI If this portion of the form is not completed in possibly lose its millage levy privile Prior year operating millage levy (<i>If prior year mill</i> <i>millage from Form DR-422</i>) Prior year ad valorem proceeds (<i>Line 7 multiplied</i> Amount, if any, paid or applied in prior year as a conse dedicated increment value (<i>Sum of either Lines 6c or Line</i>)	HORITY on FULL your oge for the ta lage was adj by Line 10, o equence of ar ne 7a for all D 1 minus Line	r taxing auth ax year. If an <i>fusted then u</i> divided by 1, obligation n PR-420TIF forn	nority will be c y line is not a se adjusted 000) neasured by a ns)	Date : 6/21/20 lenied TRIM oplicable, en 0.3 \$ \$	19 10:0 certifica nter -0 546	3 AM tion and per \$1,000 6,099,823 324,182	(10) (11) (12)
HERE SECT 10. 11. 12. 13. 14.	Signature of Property Appraiser: Electronically Certified by Property Appraiser ION II : COMPLETED BY TAXING AUTI If this portion of the form is not completed in possibly lose its millage levy privile Prior year operating millage levy (<i>If prior year mill</i> <i>millage from Form DR-422</i>) Prior year ad valorem proceeds (<i>Line 7 multiplied</i> Amount, if any, paid or applied in prior year as a conse dedicated increment value (<i>Sum of either Lines 6c or Line</i> Adjusted prior year ad valorem proceeds (<i>Line 1</i>)	HORITY oge for the ta lage was adj by Line 10, o equence of ar ne 7a for all D 1 minus Line ib or Line 7e fo	r taxing auth ax year. If an <i>fusted then u</i> divided by 1, obligation n PR-420TIF forn	nority will be c y line is not a se adjusted 000) neasured by a ns)	Date : 6/21/20 lenied TRIM oplicable, e 0.3 \$ \$ \$	19 10:0 certifica nter -0 546	3 AM tion and per \$1,000 6,099,823 324,182 5,775,641	(10) (11) (12) (13)
HERE SECT 10. 11. 12. 13. 14.	Signature of Property Appraiser: Electronically Certified by Property Appraiser ION II : COMPLETED BY TAXING AUTI If this portion of the form is not completed in possibly lose its millage levy privile Prior year operating millage levy (<i>If prior year mill</i> <i>millage from Form DR-422</i>) Prior year ad valorem proceeds (<i>Line 7 multiplied</i> Amount, if any, paid or applied in prior year as a conse dedicated increment value (<i>Sum of either Lines 6c or Line</i> Adjusted prior year ad valorem proceeds (<i>Line 1</i>) Dedicated increment value, if any (<i>Sum of either Line 6</i>)	HORITY n FULL your ge for the ta lage was adj l by Line 10, o equence of ar ne 7a for all D 1 minus Line ib or Line 7e fo s Line 14)	r taxing auth ax year. If an <i>iusted then u</i> divided by 1, n obligation n DR-420TIF form 12) or all DR-420Ti	nority will be c y line is not a se adjusted 000) neasured by a ns)	Date : 6/21/20 lenied TRIM oplicable, e 0.3 \$ \$ \$ \$ \$ \$ \$	19 10:0 certifica nter -0 546	3 AM tion and per \$1,000 6,099,823 324,182 5,775,641 984,536,953	(10) (11) (12) (13) (14)
HERE SECT 10. 11. 12. 13. 14. 15.	Signature of Property Appraiser: Electronically Certified by Property Appraiser ION II : COMPLETED BY TAXING AUTI If this portion of the form is not completed in possibly lose its millage levy privile Prior year operating millage levy (<i>If prior year mill millage from Form DR-422</i>) Prior year ad valorem proceeds (<i>Line 7 multiplied</i> Amount, if any, paid or applied in prior year as a conse dedicated increment value (<i>Sum of either Lines 6c or Line</i> Adjusted prior year ad valorem proceeds (<i>Line 11</i>) Dedicated increment value, if any (<i>Sum of either Line 6</i> Adjusted current year taxable value (<i>Line 6 minus</i>)	HORITY n FULL your ge for the ta lage was adj l by Line 10, o equence of ar ne 7a for all D 1 minus Line ib or Line 7e fo s Line 14)	r taxing auth ax year. If an <i>iusted then u</i> divided by 1, n obligation n DR-420TIF form 12) or all DR-420Ti	nority will be c y line is not a se adjusted 000) neasured by a ns)	Date : 6/21/20 lenied TRIM oplicable, e 0.3 \$ \$ \$ \$ \$ \$ \$ \$ \$	19 10:0 certifica nter -0 546 17, 329	3 AM tion and per \$1,000 6,099,823 324,182 5,775,641 984,536,953 349,084,443	 (10) (11) (12) (13) (14) (15)

DR-420 R. 5/12

									Page 2
19.	Т	YPE of principa	al authority (check	one) Cour	nty	✓ Indep	pendent Spec	ial District	(19)
				Mun	icipality	Wate	r Manageme	nt District	
20.	A	pplicable taxir	ng authority (check	<u> </u>	cipal Authority		ndent Specia		(20)
				MST	0	wate	r Manageme	nt District Basin	
21.	ls	millage levied i	n more than one co	unty? (check one)	Yes	✓ No			(21)
		DEPENDENT	SPECIAL DISTRIC	TS AND MSTUs	STOP	STOP	HERE - SIG	N AND SUBN	١T
22.		endent special disti	l prior year ad valorem p ricts, and MSTUs levying			20 \$		5,775,641	(22)
23.	Curr	rent year aggrega	ate rolled-back rate (Lii	ne 22 divided by Line	15, multiplied by 1,0	multiplied by 1,000) 0		per \$1,000	(23)
			ate rolled-back taxes (L	-				6,185,645	(24)
	Enter total of all operating ad valorem taxes			s proposed to be lev	ied by the principa	I .		6,588,854	(25)
26.	Current year proposed aggregate millage rat		ate (Line 25 divided b	y Line 4, multiplied		0.3546	per \$1,000	(26)	
27.		rent year propose 23, <mark>minus 1</mark> , mu	ed rate as a percent ch <i>Iltiplied by 100)</i>	ange of rolled-back r	ate (Line 26 divided	lby		6.52 [%]	(27)
	Fi	rst public	Date :	Time :	Place :	I			
		get hearing	9/9/2019	5:05 PM EST	303 N. Clyde Mc Daytona Beach,		rance Tower	Conference Roo	om A,
	5	Taxing Autho	ority Certification	l certify the milla The millages con either s. 200.071	nply with the pro	visions of		, .	
) I	Signature of Chi	ef Administrative Offic	er:			Date :		
	G			ority			7/19/201	9 9:28 AM	
	N Title :			Contact Name					
ŀ	4	Eric M. Peburn, (Chief Financial Officer		Eric M. Peburr	h, Chiết Fin	ancial Officer		
	E R	Mailing Address 303 N Clyde Mo			Physical Addre 303 N Clyde N				
	E	City, State, Zip :			Phone Numbe	er:	Fax N	lumber :	
		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.



MAXIMUM MILLAGE LEVY CALCULATION

PRELIMINARY DISCLOSURE

For municipal governments, counties, and special districts

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

Print Form

Reset Form

Ye	ar: 2019	County:	VOLUS	IA		
	ncipal Authority : LIFAX HOSPITAL	Taxing Authority: HALIFAX HOSPIT				
1.	ls your taxing authority a municipality or independent special distr ad valorem taxes for less than 5 years?	ict that has levied		Yes	✓ No	(1)
	IF YES, STOP STOP HERE. SIGN AND	SUBMIT. You a	re not s	subject to a	a millage limitati	ion.
2.	Current year rolled-back rate from Current Year Form DR-420, Line	16		0.3329	per \$1,000	(2)
3.	Prior year maximum millage rate with a majority vote from 2018 For	m DR-420MM, Line	e 13	5.3424	per \$1,000	(3)
4.	Prior year operating millage rate from Current Year Form DR-420, L	ine 10		0.3546	per \$1,000	(4)
	If Line 4 is equal to or greater than Line 3, ski	p to Line 11.	If less	s, contin	ue to Line 5.	
	Adjust rolled-back rate based on prior year	majority-vote m	naximu	m millage	rate	
5.	Prior year final gross taxable value from Current Year Form DR-420,	Line 7	\$		17,201,982,872	(5)
6.	Prior year maximum ad valorem proceeds with majority vote (Line 3 multiplied by Line 5 divided by 1,000)	\$		91,899,873	(6)	
7.	Amount, if any, paid or applied in prior year as a consequence of ar measured by a dedicated increment value from Current Year Form	\$		324,182	(7)	
8.	Adjusted prior year ad valorem proceeds with majority vote (Line of	\$		91,575,691	(8)	
9.	Adjusted current year taxable value from Current Year form DR-42	0 Line 15	\$		17,349,084,443	(9)
10.	Adjusted current year rolled-back rate (Line 8 divided by Line 9, mo	ultiplied by 1,000)		5.2784	per \$1,000	(10)
	Calculate maximum millage levy					
11.	Rolled-back rate to be used for maximum millage levy calculation (<i>Enter Line 10 if adjusted or else enter Line 2</i>)			5.2784	per \$1,000	(11)
12.	Adjustment for change in per capita Florida personal income (See I	Line 12 Instruction	ns)		1.0339	(12)
13.	Majority vote maximum millage rate allowed (Line 11 multiplied b	y Line 12)		5.4573	per \$1,000	(13)
14.	Two-thirds vote maximum millage rate allowed (Multiply Line 13 b	y 1.10)		6.0030	per \$1,000	(14)
15.	Current year proposed millage rate			0.3546	per \$1,000	(15)
16.	Minimum vote required to levy proposed millage: (Check one))				(16)
\checkmark	a. Majority vote of the governing body: Check here if Line 15 is less to the majority vote maximum rate. Enter Line 13 on Line 1		Line 13.	The maxim	um millage rate is	equal
	b. Two-thirds vote of governing body: Check here if Line 15 is less maximum millage rate is equal to proposed rate. <i>Enter Line</i> 1.	5 on Line 17.		-		
	c. Unanimous vote of the governing body, or 3/4 vote if nine mem The maximum millage rate is equal to the proposed rate. Enter			if Line 15 is g	greater than Line 1	4.
	d. Referendum: The maximum millage rate is equal to the propose	ed rate. Enter Lin	ie 15 oi	n Line 17.		
17.	The selection on Line 16 allows a maximum millage rate of (Enter rate indicated by choice on Line 16)			5.4573	per \$1,000	(17)
18.	Current year gross taxable value from Current Year Form DR-420, L	ine 4	\$		18,581,089,383	(18)

	-	Authority : X HOSPITAL					[0MM-P R. 5/12 Page 2
19.	Curr	rent year proposed taxes (Line 15 multipl	lied by Line 18, divide	d by 1,000)	\$		6,588	,854	(19)
20.		al taxes levied at the maximum millage ra 1,000)	te (Line 17 multiplied	by Line 18, divided	\$		101,402	,579	(20)
	DE	PENDENT SPECIAL DISTRICTS	AND MSTUs	TOP STOP	PHERI	E. SIGN A	AND SL	JBM	IT.
		er the current year proposed taxes of all d illage . (The sum of all Lines 19 from eacl			\$			0	(21)
22.	Tota	al current year proposed taxes (Line 19 pl	us Line 21)		\$		6,588	,854	(22)
	Total Maximum Taxes								
		er the taxes at the maximum millage of all ring a millage (The sum of all Lines 20 fro		\$			0	(23)	
24.	Tota	al taxes at maximum millage rate (Line 20	plus Line 23)		\$		101,402	,579	(24)
1	Tota	al Maximum Versus Total Taxes Le	evied						
25.		total current year proposed taxes on Line kimum millage rate on Line 24? (Check on		an total taxes at the	✓ YES		NO		(25)
	s	Taxing Authority Certification			he best of my knowledge. The millages he provisions of either s. 200.071 or s.				
	1	Signature of Chief Administrative Officer	:		Date :				
	G V	Electronically Certified by Taxing Author	rity		7/19/20)19 9:28 AM			
		Title :		Contact Name and C					
-	H E	Eric M. Peburn, Chief Financial Officer		Eric M. Peburn, Chief	Financia	al Officer			
	R	Mailing Address :	Physical Address :						
	E 303 N Clyde Morris Blvd 303 N Clyde Mo								
		City, State, Zip :		Phone Number :		Fax Number :			
	Daytona Beach, FL 32114			386-425-4568		386-425-45	575		

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

MAXIMUM MILLAGE LEVY CALCULATION PRELIMINARY DISCLOSURE INSTRUCTIONS

General Instructions

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

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

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

This form calculates the maximum tax levy for 2019 allowed under s. 200.065(5), F.S. Counties and municipalities, including dependent special districts and MSTUs, which adopt a tax levy at the final hearing higher than allowed under s. 200.065, F.S., may be subject to the loss of their half-cent sales tax distribution.

DR-420MM-P shows the preliminary maximum millages and taxes levied based on your proposed adoption vote. Each taxing authority must complete, sign, and submit this form to their property appraiser with their completed DR-420, Certification of Taxable Value.

The vote at the final hearing and the resulting maximum may change. After the final hearing, each taxing authority will file a final Form DR-420MM, Maximum Millage Levy Calculation Final Disclosure, with Form DR-487, Certification of Compliance, with the Department of Revenue.

Specific tax year references in this form are updated each year by the Department.

Line Instructions

Lines 5-10

Only taxing authorities that levied a 2018 millage rate less than their maximum majority vote rate must complete these lines. The adjusted rolled-back rate on Line 10 is the rate that would have been levied if the maximum vote rate for 2018 had been adopted. If these lines are completed, enter the adjusted rate on Line 11.

Line 12

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

Lines 13 and 14

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

Line 16

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

Line 17

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

All TRIM forms for taxing authorities are available on our website at http://floridarevenue.com/property/Pages/Forms.aspx



Print Form

Yea	r:	2019	County :	V	OLUSIA			
		l Authority: X HOSPITAL	Taxing Aut HALIFAX H					
		nity Redevelopment Area : d Beach-North Mainland / Ormond Crossings	Base Year 2006	:				
SEC	τιοι	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			
3.	Curr	ent 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			
5.	Prio	r year tax increment value (Line 4 minus Line 2)			\$	9,140,153	(5)	
SI	GN	Property Appraiser Certification	the taxable	e values ab	ove are correct to	the best of my knowled	dge.	
	ERE	Signature of Property Appraiser :			Date :			
		Electronically Certified by Property Appraiser			6/21/2019 10:0	03 AM		
SEC	τιοι	II: COMPLETED BY TAXING AUTHORITY Complete	EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	.	
6. lf 1	5. 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.						95.00 %	(6a)	
6b.	De diaste d'in menere entre luce (l'in a 2 multiplie d'hurthe menerete			a)	\$	9,243,210	(6b)	
6c.	Amo	ount of payment to redevelopment trust fund in prior ye	ar		\$ 3,079			
7. lf 1	the a	mount to be paid to the redevelopment trust fund IS NO	OT BASED o	n a specifio	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	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)			\$	0	(7c)	
7d.		r year payment as proportion of taxes levied on increme ? <i>Ta divided by Line 7c, multiplied by 100</i>)	nt value			0.00 %	(7d)	
7e.	Ded	icated increment value <i>(Line 3 multiplied by the percenta</i> If value is zero or less than zero, then enter zero on Lin		7d)	\$	0	(7e)	
			lculations, r	nillages an	d rates are correct	to the best of my knowle	dge.	
S	5	Signature of Chief Administrative Officer :			Date :			
		Electronically Certified By Taxing Authority			7/19/2019 9:28 A	M		
	G Title :N Eric M. Peburn, Chief Financial Officer				ame and Contact burn, Chief Finan			
E	H Mailing Address : 303 N Clyde Morris Blvd R			Physical A 303 N Cly	Address : Iyde Morris Blvd			
E		City, State, Zip :		Phone Nu	Iumber : Fax Number :			
	Daytona Beach, FL 32114 386-				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.



Yea	r:	2019		County :	V	OLUSIA			
		l Authority: K HOSPITAL		Taxing Autho HALIFAX HC					
Con	าmu	nity Redevelopment Area :		Base Year :					
Day	/tona	Beach-South Atlantic		2000					
SEC	τιοι	II: COMPLETED BY PROPERTY APPRA	AISER						
1.	Curr	ent year taxable value in the tax incremer	nt area			\$	79,934,286	(1)	
2.	Base	year taxable value in the tax increment a	rea			\$ 63,521,382			
3.	Curr	ent year tax increment value (Line 1 minu	s Line 2)			\$ 16,412,904			
4.	Prio	year Final taxable value in the tax increm	nent area			\$	73,312,581	(4)	
5.	Prio	year tax increment value (Line 4 minus Li	ine 2)			\$	9,791,199	(5)	
		Property Appraiser Certification	on l certify	the taxable v	alues ab	ove are correct to	the best of my knowled	lge.	
	gn Ere	Signature of Property Appraiser :				Date :			
		Electronically Certified by Property Ap	praiser			6/21/2019 10:0	93 AM		
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or li					7 as applicable.	Do NOT complete both	l .	
6. lf	6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:								
6a.	ба. Enter the proportion on which the payment is based.						95.00 %	(6a)	
6b.						\$	15,592,259	(6b)	
6c.	Amo	ount of payment to redevelopment trust f	und in prior yea	ar		\$	3,298	(6c)	
7. lf	the a	mount to be paid to the redevelopment	trust fund IS NO	OT BASED on a	a specific	proportion of th	e tax increment value:		
7a.	Amo	ount of payment to redevelopment trust f	und in prior yea	ar		\$	0	(7a)	
7b.	Prio	r year operating millage levy from Form D	R-420, Line 10			0.0000) per \$1,000	(7b)	
7c.	(Line	es levied on prior year tax increment value <i>5 multiplied by Line 7b, divided by 1,000</i>)				\$	0	(7c)	
7d.	Prio (Line	year payment as proportion of taxes levi 7 a divided by Line 7c, multiplied by 100)	ed on increme	nt value			0.00 %	(7d)	
7e.	Ded	icated increment value <i>(Line 3 multiplied)</i> If value is zero or less than zero, then en				\$	0	(7e)	
		Taxing Authority Certification	-	lculations, mi	-		to the best of my knowle	dge.	
S	;	Signature of Chief Administrative Officer	•			Date :			
I		Electronically Certified By Taxing Authori	ty			7/19/2019 9:28 A	M		
						ame and Contact burn, Chief Finan			
E	E 303 N Clyde Morris Blvd 303 N R 303 N				•	ical Address : N Clyde Morris Blvd			
E		City, State, Zip :		PI	hone Nu	Number : Fax Number :			
	Daytona Beach, FL 32114 386-4					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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Tallahassee, Florida 32315-3000

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

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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.



Print Form

Yea	nr:	2019		County :	V	OLUSIA		
		l Authority: X HOSPITAL		Taxing Aut HALIFAX H				
		nity Redevelopment Area :		Base Year	:			
Por	t Ora	ange-Town Center		1998				
SEC	τιοι	II: COMPLETED BY PROPERTY APPRAI	SER					
1.	Curr	ent year taxable value in the tax increment	area			\$	45,724,952	(1)
2.	Base	year taxable value in the tax increment are	ea		\$ 29,558,416			
3.	Curr	ent year tax increment value <i>(Line 1 minus l</i>	Line 2)	\$ 16,166,5				
4.	Prio	r year Final taxable value in the tax increme	nt area	\$ 43,597,211				(4)
5.	Prio	year tax increment value (Line 4 minus Line	e 2)			\$	14,038,795	(5)
s	GN	Property Appraiser Certification	l certify	the taxable	e values ab	ove are correct to	the best of my knowled	lge.
	ERE	Signature of Property Appraiser :				Date :		
		Electronically Certified by Property App	raiser			6/21/2019 10:0)3 AM	
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 o				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 specific proportion of the tax increment value:								
6a.	6a. Enter the proportion on which the payment is based.						95.00 %	(6a)
6b.		icated increment value <i>(Line 3 multiplied by</i> If value is zero or less than zero, then ente			a)	\$	15,358,209	(6b)
6c.	Amo	ount of payment to redevelopment trust fu	nd in prior ye	ar		\$	4,729	(6c)
7. lf	the a	mount to be paid to the redevelopment tr	ust 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 fu	nd in prior ye	ar		\$	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 es 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
7d.		r year payment as proportion of taxes levied ? <i>Ta divided by Line 7c, multiplied by 100</i>)	d on increme	nt value			0.00 %	(7d)
7e.	Ded	icated increment value <i>(Line 3 multiplied by</i> If value is zero or less than zero, then ente			7d)	\$	0	(7e)
					millages an	d rates are correct	to the best of my knowle	dge.
	5	Signature of Chief Administrative Officer :				Date :		
		Electronically Certified By Taxing Authority	/			7/19/2019 9:28	AM	
C		Title :				ame and Contact		
ľ	N Eric M. Peburn, Chief Financial Officer				Eric M. Pe	burn, Chief Finan	cial Officer	
	H Mailing Address :				Physical A	ddress :		
	E 303 N Clyde Morris Blvd			303 N Clyde Morris Blvd				
		City, State, Zip :			Phone Nu		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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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.



Year	r:	2019		County :	V	OLUSIA			
		l Authority: K HOSPITAL		Taxing Au HALIFAX I					
		nity Redevelopment Area : a Beach-West Side		Base Year 1997	:				
SECT	101	II: COMPLETED BY PROPERTY APPR	AISER						
1. (Curr	ent year taxable value in the tax incremer	nt area			\$ 108,540,052			
2.	Base	year taxable value in the tax increment a	rea		\$ 60,641,706				
3. (Curr	ent year tax increment value <i>(Line 1 minu</i>	s Line 2)			\$	47,898,346	(3)	
4. F	Prio	year Final taxable value in the tax increm	nent area			\$	101,947,404	(4)	
5. F	Prio	r year tax increment value (Line 4 minus Li	ine 2)			\$	41,305,698	(5)	
SIC	2.01	Property Appraiser Certification	n I certify	the taxable	e values ab	ove are correct to	the best of my knowled	dge.	
	RE	Signature of Property Appraiser:				Date :			
		Electronically Certified by Property Ap	praiser			6/21/2019 10:0	03 AM		
SECT	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or					7 as applicable.	Do NOT complete both	ı .	
6. lf t	. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:								
6a. [Ente	r the proportion on which the payment is	based.				95.00 %	(6a)	
6b. [[]		icated increment value <i>(Line 3 multiplied)</i> If value is zero or less than zero, then en			a)	\$	45,503,429	(6b)	
6c. /	٩mc	ount of payment to redevelopment trust f	und in prior ye	ar		\$	13,915	(6c)	
7. lf t	he a	mount to be paid to the redevelopment	trust fund IS N(OT BASED o	n a specifio	c proportion of th	e tax increment value:		
7a.	٩mc	ount of payment to redevelopment trust f	und in prior ye	ar		\$	0	(7a)	
7b. F	Prio	year operating millage levy from Form D	R-420, Line 10)		0.0000) per \$1,000	(7b)	
		es levied on prior year tax increment value <i>5 multiplied by Line 7b, divided by 1,000</i>)	2			\$	0	(7c)	
7d. (Prio <i>Line</i>	r year payment as proportion of taxes levi ? <i>Ta divided by Line 7c, multiplied by 100</i>)	ed on increme	nt value			0.00 %	(7d)	
7e.		icated increment value <i>(Line 3 multiplied)</i> If value is zero or less than zero, then en			7d)	\$	0	(7e)	
		Taxing Authority Certification	l certify the ca	lculations, i	nillages an	d rates are correct	to the best of my knowle	dge.	
S		Signature of Chief Administrative Officer	:			Date :			
I		Electronically Certified By Taxing Authori	ty			7/19/2019 9:28 A	λM		
	G Title : N Eric M. Peburn, Chief Financial Officer					ame and Contact burn, Chief Finan			
E R	H Mailing Address : 303 N Clyde Morris Blvd R				•	ysical Address : 13 N Clyde Morris Blvd			
E		City, State, Zip :			Phone Nu	Number : Fax Number :			
						1568	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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Tallahassee, Florida 32315-3000

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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.



Yea	r:	2019		County :	V	OLUSIA			
		l Authority: K HOSPITAL		Taxing Au HALIFAX I					
		nity Redevelopment Area : aytona		Base Year 1997	:				
SECT		II: COMPLETED BY PROPERTY APPR	AISER						
1. (Curr	ent year taxable value in the tax incremer	nt area			\$ 239,435,221			
2.	Base	year taxable value in the tax increment a	rea	\$ 116,601,454					
3. (Curr	ent year tax increment value (Line 1 minu	s Line 2)			\$	122,833,767	(3)	
4.	Prio	year Final taxable value in the tax increm	nent area			\$	228,889,577	(4)	
5.	Prio	year tax increment value (Line 4 minus Li	ine 2)			\$	112,288,123	(5)	
SIC		Property Appraiser Certification	n l certify	the taxable	e values ab	ove are correct to	the best of my knowled	dge.	
	RE	Signature of Property Appraiser :				Date :			
		Electronically Certified by Property Ap	praiser			6/21/2019 10:0	03 AM		
SECT	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 o					7 as applicable.	Do NOT complete both	ı.	
6. lf t	. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:								
6a.	Ente	r the proportion on which the payment is	based.				95.00 %	(6a)	
6b.		icated increment value <i>(Line 3 multiplied)</i> If value is zero or less than zero, then en			a)	\$	116,692,079	(6b)	
6c. ,	Amo	ount of payment to redevelopment trust f	und in prior ye	ar		\$	37,827	(6c)	
7. lf t	he a	mount to be paid to the redevelopment	trust fund IS NO	OT BASED o	n a specifio	proportion of th	e tax increment value:		
7a. ,	Amo	ount of payment to redevelopment trust f	und in prior ye	ar		\$	0	(7a)	
7b. I	Prio	r year operating millage levy from Form D	R-420, Line 10)		0.0000 per \$1,000			
		es levied on prior year tax increment value s 5 multiplied by Line 7b, divided by 1,000)	2			\$			
7d.	Prio (<i>Line</i>	r year payment as proportion of taxes levi ? <i>Ta divided by Line 7c, multiplied by 100</i>)	ed on increme	nt value			0.00 %	(7d)	
7e.	Ded	icated increment value <i>(Line 3 multiplied)</i> If value is zero or less than zero, then en			7d)	\$	0	(7e)	
		Taxing Authority Certification	l certify the ca	lculations, i	millages an	d rates are correct	to the best of my knowle	dge.	
S		Signature of Chief Administrative Officer	:			Date :			
I		Electronically Certified By Taxing Authori	ty			7/19/2019 9:28 A	M		
	G Title :N Eric M. Peburn, Chief Financial Officer					ame and Contact burn, Chief Finan			
E R	H Mailing Address : 303 N Clyde Morris Blvd R					cal Address : I Clyde Morris Blvd			
E		City, State, Zip :			Phone Nu	Number : Fax Number :			
						1568	8 386-425-4575		

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Yea	nr:	2019		County :	V	OLUSIA			
		l Authority: X HOSPITAL		Taxing Aut HALIFAX H					
		nity Redevelopment Area :		Base Year	:				
Hol	lly Hi	11		1995					
SEC	τιοι	II: COMPLETED BY PROPERTY APPRA	AISER	I					
1.	Curr	ent year taxable value in the tax increme	nt area			\$	287,400,087	(1)	
2.	Base	year taxable value in the tax increment a	area			\$ 88,342,219			
3.	Curr	ent year tax increment value (Line 1 minu	ıs Line 2)			\$ 199,057,868			
4.	Prio	r year Final taxable value in the tax increm	nent area			\$ 277,702,386 (4			
5.	Prio	r year tax increment value (Line 4 minus Li	ine 2)			\$	189,360,167	(5)	
cı	GN	Property Appraiser Certification	on l certify	the taxable	values ab	ove are correct to	the best of my knowled	dge.	
	ERE	Signature of Property Appraiser:				Date :			
		Electronically Certified by Property Ap	praiser			6/21/2019 10:0	03 AM		
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or l					7 as applicable.	Do NOT complete both	.	
6. lf	6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:								
ба.	6a. Enter the proportion on which the payment is based.						95.00 %	(6a)	
6b.	Dedicated increment value (Line 2 multiplied by the percentage on Line (c)				a)	\$	189,104,975	(6b)	
6c.	Amo	ount of payment to redevelopment trust f	fund in prior yea	ar		\$	63,790	(6c)	
7. lf	the a	amount to be paid to the redevelopment	trust fund IS NO	DT BASED oi	n a specifi	c proportion of th	e tax increment value:		
7a.	Amo	ount of payment to redevelopment trust f	fund in prior yea	ar		\$	0	(7a)	
7b.	Prio	r year operating millage levy from Form D	0R-420, Line 10			0.0000) per \$1,000	(7b)	
7c.	(Line	es levied on prior year tax increment value e 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)	
7d.	Prio (Line	r year payment as proportion of taxes levi ? <i>Ta divided by Line 7c, multiplied by 100</i>)	ied on increme	nt value			0.00 %	(7d)	
7e.	Ded	icated increment value <i>(Line 3 multiplied)</i> If value is zero or less than zero, then en			'd)	\$	0	(7e)	
		Taxing Authority Certification	l certify the ca	lculations, n	nillages an	d rates are correct	to the best of my knowle	dge.	
5	5	Signature of Chief Administrative Officer	:			Date :			
1	I	Electronically Certified By Taxing Author	ity			7/19/2019 9:28 4	AM		
						ame and Contact burn, Chief Finan			
E					•	cal Address : I Clyde Morris Blvd			
E	E City, State, Zip : Phone					Number : Fax Number :			
						-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:

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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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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.



Print Form

Yea	r ·	2019		County :		OLUSIA			
		Authority :		Taxing Au		OLUSIA			
		X HOSPITAL		HALIFAX					
		nity Redevelopment Area :		Base Year	:				
Por	t Ora	ange-East Port		1995					
SEC		II: COMPLETED BY PROPERTY APPRAISER							
<u> </u>		ent year taxable value in the tax increment area				\$	35,924,041	(1)	
		year taxable value in the tax increment area				\$ 13,693,302			
		ent year tax increment value (Line 1 minus Line 2	2)			\$ 22,230,739			
		r year Final taxable value in the tax increment ar				\$	32,747,224	(4)	
		r year tax increment value (Line 4 minus Line 2)				\$	19,053,922	(5)	
		Property Appraiser Certification	l certify	the taxable	e values at	l Dove are correct to	o the best of my knowled	lge.	
	GN ERE	Signature of Property Appraiser :	-			Date :		-	
		Electronically Certified by Property Appraise	r			6/21/2019 10:0	03 AM		
SEC	CTION II: COMPLETED BY TAXING AUTHORITY Complete EIT				e 6 or line	7 as applicable.	Do NOT complete both		
	5. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:								
	. If the amount to be paid to the redevelopment trust fund is B						95.00 %	(6a)	
		icated increment value (Line 3 multiplied by the		ge on Line 6	a)	¢			
6b.		If value is zero or less than zero, then enter zer			- /	\$	21,119,202	(6b)	
6c.	Amo	ount of payment to redevelopment trust fund in	prior ye	ar		\$	6,419	(6c)	
7. lf 1	he a	mount to be paid to the redevelopment trust fu	und 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-420,	, Line 10			0.000	0 per \$1,000	(7b)	
		es levied on prior year tax increment value				\$	0	(7c)	
		<i>s 5 multiplied by Line 7b, divided by 1,000)</i> r year payment as proportion of taxes levied on	increme	nt value			-		
		<i>a divided by Line 7c, multiplied by 100</i>	increme				0.00 %	(7d)	
7e.		icated increment value <i>(Line 3 multiplied by the</i>)			7d)	\$	0	(7e)	
		If value is zero or less than zero, then enter zer			•••				
		Taxing Authority Certification I cert Signature of Chief Administrative Officer : I	ify the ca	liculations, i	nillages ar	Date :	to the best of my knowle	age.	
S		Electronically Certified By Taxing Authority				7/19/2019 9:28	A A A		
G		Title :			Contract	lame and Contact			
N		Eric M. Peburn, Chief Financial Officer				eburn, Chief Finan			
_	H Mailing Address :				Physical A	Address :			
E	E 303 N Clyde Morris Blvd			303 N Clyde Morris Blvd					
E					DI 11				
		City, State, Zip :			Phone Nu		Fax Number :		
	Daytona Beach, FL 32114				386-425-	4568	386-425-4575		

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Tallahassee, Florida 32315-3000

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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.



Year	:	2019		County :	V	OLUSIA			
		l Authority: K HOSPITAL		Taxing Au HALIFAX I					
		nity Redevelopment Area : a Beach-Ballough Rd		Base Year 1985	:				
SECT	101	II: COMPLETED BY PROPERTY APPR	AISER						
1. (Curr	ent year taxable value in the tax increme	nt area			\$ 26,313,070			
2. E	Base	year taxable value in the tax increment a	irea			\$	9,086,882	(2)	
3. (Curr	ent year tax increment value <i>(Line 1 minu</i>	ıs Line 2)			\$	17,226,188	(3)	
4. F	Prio	r year Final taxable value in the tax incren	nent area			\$	24,603,541	(4)	
5. F	Prio	year tax increment value (Line 4 minus L	ine 2)			\$	15,516,659	(5)	
sic	2.01	Property Appraiser Certification	on l certify	the taxable	e values ab	ove are correct to	o the best of my knowled	dge.	
HE		Signature of Property Appraiser : Electronically Certified by Property Ap	praiser			Date : 6/21/2019 10:0)3 AM		
SECT	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or					7 as applicable.	Do NOT complete both		
	. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:								
							(6a)		
	Ded	icated increment value (<i>Line 3 multiplied</i> <i>If value is zero or less than zero, then en</i>	by the percenta		a)	\$	16,364,879	(6b)	
6c. /	Amc	ount of payment to redevelopment trust f	und in prior ye	ar		\$	5,227	(6c)	
7. lf t	he a	mount to be paid to the redevelopment	trust fund IS N	OT BASED o	n a specifi	c proportion of th	e tax increment value:	·	
7a. /	٩mc	ount of payment to redevelopment trust f	und in prior ye	ar		\$	0	(7a)	
7b. F	Prio	year operating millage levy from Form D	R-420, Line 10			0.000) per \$1,000	(7b)	
		es levied on prior year tax increment value 25 multiplied by Line 7b, divided by 1,000)	2			\$	0	(7c)	
		r year payment as proportion of taxes levi ? <i>Ta divided by Line 7c, multiplied by 100</i>)	ied on increme	nt value			0.00 %	(7d)	
7e. [icated increment value <i>(Line 3 multiplied</i> <i>If value is zero or less than zero, then en</i>			7d)	\$	0	(7e)	
	L	Taxing Authority Certification	-	lculations,	millages an	d rates are correct	to the best of my knowle	edge.	
S		Signature of Chief Administrative Officer	:			Date :			
I		Electronically Certified By Taxing Author	ity			7/19/2019 9:28 /	AM		
	G Title :N Eric M. Peburn, Chief Financial Officer					ame and Contact burn, Chief Finan			
E R	R					Physical Address : 303 N Clyde Morris Blvd			
E		City, State, Zip :			Phone Nu	Number : Fax Number :			
						4568 386-425-4575			

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Tallahassee, Florida 32315-3000

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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.



Year	Year : 2019				unty: VOLUSIA					
Principal Authority: HALIFAX HOSPITAL				Taxing Authority: HALIFAX HOSPITAL						
Community Redevelopment Area : Daytona Beach-Main Street				Base Year : 1982						
SECT	SECTION I : COMPLETED BY PROPERTY APPRAISER									
1. (Curr	ent year taxable value in the tax incremer	nt area			\$	440,451,632	(1)		
2.	Base	year taxable value in the tax increment a	rea			\$ 68,695,639				
3. (Current year tax increment value (Line 1 minus Line 2)					\$ 371,755,993 (3				
4. F	Prior year Final taxable value in the tax increment area				\$	421,149,709	(4)			
5. F	Prio	r year tax increment value (Line 4 minus Li	ne 2)			\$	352,454,070	(5)		
SIA	2.01	Property Appraiser Certification	n l certify	the taxable	e values ab	ove are correct to	the best of my knowled	dge.		
	GN Signature of Property Appraiser :			Date :						
		Electronically Certified by Property Appraiser				6/21/2019 10:03 AM				
SECT	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.						ı.			
6. lf t	he a	mount to be paid to the redevelopment	trust fund IS BA	SED on a s	pecific pro	portion of the tax	increment value:			
6a. [Ente	r the proportion on which the payment is	based.			95.00 % (6a)				
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					\$ 353,168,193 (6b)				
6c. /	٩mc	ount of payment to redevelopment trust f	und in prior ye	ar		\$ 118,731 (6				
7. lf t	he a	mount to be paid to the redevelopment	trust fund IS N	OT BASED o	n a specifio	proportion of th	e tax increment value:			
7a. /	7a. Amount of payment to redevelopment trust fund in prior year \$ 0 (7							(7a)		
7b. p	• Prior year operating millage levy from Form DR-420, Line 10					0.0000 per \$1,000 (
	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)					\$ 0 (7				
7d. (Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)					0.00 % (7d)				
7e. [[]	Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) \$				\$	0	(7e)			
		Taxing Authority Certification	l certify the ca	lculations, ı	millages an	d rates are correct	to the best of my knowle	dge.		
S		Signature of Chief Administrative Officer :			Date :					
I.		Electronically Certified By Taxing Authority			7/19/2019 9:28 AM					
	G Title : N Eric M. Peburn, Chief Financial Officer			Contact Name and Contact Title : Eric M. Peburn, Chief Financial Officer						
H E R		Mailing Address : 303 N Clyde Morris Blvd			Physical Address : 303 N Clyde Morris Blvd					
E	ĺ	City, State, Zip :			Phone Number : Fax Number		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.



Year: 2019				County : VOLUSIA					
Principal Authority: HALIFAX HOSPITAL				Taxing Authority : HALIFAX HOSPITAL					
Community Redevelopment Area : Daytona Beach-Downtown				Base Year : 1982					
SEC	τιοι	II: COMPLETED BY PROPERTY APPR	AISER						
1.	Curr	ent year taxable value in the tax increme	nt area			\$	143,961,805	(1)	
2.	Base year taxable value in the tax increment area					\$ 49,000,577 (2			
3.	Curr	Current year tax increment value (Line 1 minus Line 2)				\$ 94,961,228 (3			
4.	Prio	Prior year Final taxable value in the tax increment area				\$ 136,448,731			
5.	Prio	r year tax increment value <i>(Line 4 minus L</i>	.ine 2)			\$ 87,448,154 (5			
CI	SIGN Property Appraiser Certification I certify the taxable values above are correct to the best of my knowledge.								
	ERE	Cignature of Droparty Appraisar			Date :				
		Electronically Certified by Property Ap	6/21/2019 10:03 AM						
SEC	τιοι	II: COMPLETED BY TAXING AUTHORI	TY Complete	EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ı.	
6. lf	the a	amount to be paid to the redevelopment	trust fund IS BA	SED on a s	pecific pro	portion of the tax	increment value:		
6a.	Ente	r the proportion on which the payment i	s based.				95.00 %	(6a)	
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					\$ 90,213,167 (6b			
6c.	6c. Amount of payment to redevelopment trust fund in prior year					\$ 29,459 (
7. lf	the a	mount 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.	Amount of payment to redevelopment trust fund in prior year					\$ 0			
7b.	Prior year operating millage levy from Form DR-420, Line 10					0.0000 per \$1,000			
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 increment value (Line 7a divided by Line 7c, multiplied by 100)				0.00 % (7d)				
7e.	Ded	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			7d)	\$ 0 (7e)			
		Taxing Authority Certification	l certify the ca	lculations, i	nillages an	d rates are correct	to the best of my knowle	dge.	
5	5	Signature of Chief Administrative Officer :			Date :				
		Electronically Certified By Taxing Authority				7/19/2019 9:28 AM			
C N		Title : Eric M. Peburn, Chief Financial Officer			Contact Name and Contact Title : Eric M. Peburn, Chief Financial Officer				
F	H B B City, State, Zip : Daytona Beach, FL 32114				•	sical Address : N Clyde Morris Blvd			
E					Phone Number : Fax Number :		Fax Number :		
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Year: 2019				County : VOLUSIA						
Principal Authority: HALIFAX HOSPITAL				Taxing Authority : HALIFAX HOSPITAL						
Con	nmu	nity Redevelopment Area :		Base Year :						
Ormond Beach				1984						
SEC	SECTION I : COMPLETED BY PROPERTY APPRAISER									
1.	1. Current year taxable value in the tax increment area					\$	163,567,643	(1)		
2.	Base year taxable value in the tax increment area					\$	45,486,221	(2)		
3.	Curr	ent year tax increment value (Line 1 minu	ıs Line 2)			\$	118,081,422	(3)		
4.	Prio	Prior year Final taxable value in the tax increment area				\$ 157,421,521				
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>					\$	111,935,300	(5)		
	Property Appraiser Certification I certify the taxable values above are correct to the best of my knowledge.									
	gn Ere	Signature of Property Appraiser :			Date :					
		Electronically Certified by Property Ap	6/21/2019 10:03 AM							
SEC	ΤΙΟΙ	III: COMPLETED BY TAXING AUTHORIT	Y Complete I	EITHER line	6 or line	7 as applicable. Do NOT complete both.				
6. lf 1	the a	mount to be paid to the redevelopment	trust fund IS BA	SED on a sp	ecific pro	portion of the tax	increment value:			
ба.	Ente	r the proportion on which the payment is	s based.				95.00 %	(6a)		
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				<i>ג)</i>	\$	112,177,351	(6b)		
6c.	бс. Amount of payment to redevelopment trust fund in prior year					\$ 37,708 (6				
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						0	(7a)			
7b.	Prior year operating millage levy from Form DR-420, Line 10					0.0000 per \$1,000 (7b)				
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 increment value (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	l certify the ca	lculations, n	nillages an	d rates are correct	to the best of my knowle	dge.		
S	5	Signature of Chief Administrative Officer :				Date :				
Т		Electronically Certified By Taxing Authority				7/19/2019 9:28 AM				
C N		Title : Eric M. Peburn, Chief Financial Officer			Contact Name and Contact Title : Eric M. Peburn, Chief Financial Officer					
E	2	Mailing Address : 303 N Clyde Morris Blvd			Physical Address : 303 N Clyde Morris Blvd					
E		City, State, Zip :			Phone Number : Fax Num		Fax Number :			
	Daytona Beach, FL 32114 386-425				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.