Reset Form

Print Form



CERTIFICATION OF TAXABLE VALUE

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

Year :	2021						
	pal Authority : FAX HOSPITAL	Taxing Aut HALIFAX H					
SECT	TION I: COMPLETED BY PROPERTY APPRAISER	1					
1.	Current year taxable value of real property for operating pur	poses		\$	19,	751,782,622	(1)
2.	Current year taxable value of personal property for operating	g purposes		\$ 1,270,163,679			(2)
3.	Current year taxable value of centrally assessed property for	operating p	urposes	\$ 23,973,461			(3)
4.	Current year gross taxable value for operating purposes (Lin	ne 1 plus Line	2 plus Line 3)	\$	21,	045,919,762	(4)
5.	Current year net new taxable value (Add new construction, improvements increasing assessed value by at least 100%, a personal property value over 115% of the previous year's value	nnexations,	and tangible	\$		413,393,676	(5)
6.	Current year adjusted taxable value (Line 4 minus Line 5)		\$	20,	632,526,086	(6)	
7.	Prior year FINAL gross taxable value from prior year applicat	\$	19,	875,260,800	(7)		
8.	Does the taxing authority include tax increment financing ar of worksheets (DR-420TIF) attached. If none, enter 0	enter number	✓ YES	□ 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 o	correct to t	he best o	f my knowled	lge.
SIGN HERE	Signature of Property Appraiser:			Date:			
HEKE	Electronically Certified by Property Appraiser			6/23/2021 10:00 AM			
SECT	TION II: COMPLETED BY TAXING AUTHORITY						
	If this portion of the form is not completed in FULL your possibly lose its millage levy privilege for the ta					tion and	
10.	Prior year operating millage levy (If prior year millage was adj millage from Form DR-422)	iusted then u	se adjusted	0.0	000	per \$1,000	(10)
11.	Prior year ad valorem proceeds (Line 7 multiplied by Line 10, o	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 D			\$		0	(12)
13.	Adjusted prior year ad valorem proceeds (Line 11 minus Line	12)		\$		0	(13)
14.	4. Dedicated increment value, if any (Sum of either Line 6b or Line 7e for all DR-420TIF forms)					0	(14)
15.	15. Adjusted current year taxable value (Line 6 minus Line 14)				20,	632,526,086	(15)
16.	16. Current year rolled-back rate (Line 13 divided by Line 15, multiplied by 1,000)			0.0	000	per \$1000	(16)
17.	17. Current year proposed operating millage rate			0.0	000	per \$1000	(17)
18.	Total taxes to be levied at proposed millage rate. (Line 17 multiplied by Line 4 divided					0	(18)

19.	T	YPE of principa	al authority (check	one)	County Municipal	ity		•	ent Specia nagement		(19)
20.	A	pplicable taxir	ng authority (check		Principal <i>i</i> MSTU	uthority		·	nt Special [nagement	District District Basin	(20)
21.	ls	millage levied i	n more than one co	unty? (check o	ne)	Yes	✓	No			(21)
		DEPENDENT	SPECIAL DISTRICT	TS AND MST	Us STO	P	S.	TOP HER	E - SIGN	AND SUBN	IIT
22.		endent special distr	prior year ad valorem pr icts, and MSTUs levying a				R-420	\$		0	(22)
23.	Curi	rent year aggrega	te rolled-back rate (Lir	ne 22 divided by	Line 15, mu	ıltiplied by	1,000)	0.0	0000	per \$1,000	(23)
24.	Curi	rent year aggrega	te rolled-back taxes (L	ine 4 multiplied	by Line 23,	divided by	1,000)	\$		0	(24)
25.	Enter total of all operating ad valorem taxes proposed to be levied by taxing authority, all dependent districts, and MSTUs, if any. (The sum of DR-420 forms)						\$		0	(25)	
26.	Current year proposed aggregate millage rate (by 1,000)		ate (Line 25 divid	ded by Line	4, multipli	ied	0.0	0000	per \$1,000	(26)	
27.	Current year proposed rate as a percent sha		ange of rolled-b	ack rate (<u>L</u>	ine 26 divi	ded by		0.00 %			
ļ		rst public get hearing	Date:	Time :	Pla	ce :					
9	Taxing Authority Certification Signature of Chief Administrative Offi			either s. 200.	comply	vith the p	orovisio		00.065 and	ny knowledg d the provisio	
	Title: Eric M. Peburn, Chief Financial Officer Mailing Address: 303 N Clyde Morris Blvd			P		ourn, Ch	Contact T ief Financia				
		City, State, Zip : Daytona Beach, FL 32114				hone Nun 886-425-45			Fax Nu 386-42	mber : 25-4575	

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.



Ī.,		County						
Yea		2021		County:		OLUSIA		
1	•	l Authority : X HOSPITAL		Taxing Au HALIFAX				
Cor	nmu	nity Redevelopment Area :		Base Year	:			
Orı	mono	Beach-North Mainland / Ormond Crossings		2006				
SEC	TION	II: COMPLETED BY PROPERTY APPRAISER						
	1	ent year taxable value in the tax increment area				\$	0	(1)
		year taxable value in the tax increment area				\$	0	(2)
		ent year tax increment value (Line 1 minus Line 2	<u> </u>			\$		
		r year Final taxable value in the tax increment are				\$ 0		
		r year tax increment value (Line 4 minus Line 2)				\$ 0 (4)		
<u> </u>	1110	Property Appraiser Certification	l certify	the taxable	e values ah	l .	the best of my knowled	
	IGN	Signature of Property Appraiser:	. cc,		- varaes as	Date :		
Н	ERE	Electronically Certified by Property Appraiser	•			6/23/2021 10:0	00 AM	
CEC	TION				a C ay lina			
	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)				
	Enter the proportion on which the payment is based. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)			(a)		0.00 /0	(Oa)	
6b.	b. 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			iu)	\$	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 fu	and 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 yea	ar		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-420,	Line 10			0.0000	per \$1,000	(7b)
7c.		s levied on prior year tax increment value				\$	0	(7c)
	Drio	2.5 multiplied by Line 7b, divided by 1,000)	incromo	nt value				
7d.		r year payment as proportion of taxes levied on i ? 7a divided by Line 7c, multiplied by 100)	шстетте	iit value			0.00 %	(7d)
7e.		icated increment value (Line 3 multiplied by the p			7d)	\$	0	(7e)
	1 1	If value is zero or less than zero, then enter zero			:II	d vata	-	
	ŀ	Taxing Authority Certification I certi Signature of Chief Administrative Officer:	ity the ca	iculations,	miliages an	Date :	to the best of my knowle	eage.
	S	signature of efficient animistrative officer.				Dute .		
	G	Title:			Contact N	ame and Contact	Title ·	
1	N	Eric M. Peburn, Chief Financial Officer				burn, Chief Finan		
l _	H Mailing Address:				Physical A			
-	E 303 N Clyde Morris Blvd			303 N Cly	de Morris Blvd			
1	F				Phone Nu	Number: Fax Number:		
		•			386-425-4			
		Daytona Beach, FL 32114 386				25-4568 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.

PENSUMENT OF REVENUE

Yea	ar:	2021	County:	V	OLUSIA		
		l Authority : X HOSPITAL	Taxing Au HALIFAX	ithority : HOSPITAL			
1		nity Redevelopment Area :	Base Year	r:			
Da	yton	a Beach-South Atlantic	2000				
SEC	TIOI	II: COMPLETED BY PROPERTY APPRAISER	1				
1.	Curr	ent year taxable value in the tax increment area			\$	0	(1)
2.	Base	year taxable value in the tax increment area			\$	0	(2)
3.	Curr	ent year tax increment value (Line 1 minus Line 2)		\$			(3)
4.	Prio	r year Final taxable value in the tax increment area		\$			(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2)			\$	0	(5)
	ıcı	Property Appraiser Certification 1 ce	ertify the taxabl	le values ab	oove are correct to	the best of my knowled	dge.
	IGN ERE	Signature of Property Appraiser:			Date :		
		Electronically Certified by Property Appraiser			6/23/2021 10:0	00 AM	
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or lin			e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If	the a	amount to be paid to the redevelopment trust fund	IS BASED on a s	pecific pro	portion of the tax	increment value:	
6a.	Enter the proportion on which the payment is based.					0.00 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6			5a)	\$	0	(6b)
60	Λ	If value is zero or less than zero, then enter zero or			\$	0	(6c)
	1	ount of payment to redevelopment trust fund in pric amount to be paid to the redevelopment trust fund	•	an a sposifi	<u> </u>	-	(00)
	1	ount of payment to redevelopment trust fund in price		on a specifi	\$	e tax increment value.	(7a)
	1	r year operating millage levy from Form DR-420, Lin	•		0.0000		(7b)
	_	es levied on prior year tax increment value	<u> </u>			y pe. 4.7000	
7c.	(Line	25 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)
7d.	(Line	r year payment as proportion of taxes levied on incre ? 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the percolf value is zero or less than zero, then enter zero or	entage on Line I <mark>Line 7e</mark>	7d)	\$	0	(7e)
		Taxing Authority Certification I certify the	ne calculations,	millages an	d rates are correct	to the best of my knowle	edge.
!	S I	Signature of Chief Administrative Officer:			Date :		
	G	Title:			lame and Contact		
	N Eric M. Peburn, Chief Financial Officer			Eric M. Pe	eburn, Chief Finan	cial Officer	
	H Mailing Address: 303 N Clyde Morris Blvd			Physical A 303 N Cly	ddress : de Morris Blvd		
	E	City, State, Zip:	Phone Nu	Number : Fax Number :			
		Daytona Beach, FL 32114		386-425-4	4568	386-425-4575	

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

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

"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.

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• Example 1.

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

• Example 2.

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.

PLORIDA DEPARTMENT OF REVENUE

Yea	r:	2021		County:	V	OLUSIA		
		l Authority: X HOSPITAL		Taxing Au HALIFAX	•			
1		nity Redevelopment Area :		Base Year	:			
Por	t Ora	ange-Town Center		1998				
SEC	TION	II: COMPLETED BY PROPERTY APPRAISER	₹	•				
1.	Curr	ent year taxable value in the tax increment are	ea			\$	0	(1)
2.	Base	year taxable value in the tax increment area				\$	0	(2)
3.	Curr	ent year tax increment value (Line 1 minus Line	2)			\$	0	(3)
4.	Prio	r year Final taxable value in the tax increment a	area			\$		
5.	Prio	r year tax increment value (Line 4 minus Line 2)				\$	0	(5)
	CN.	Property Appraiser Certification	I certify	the taxabl	e values ab	ove are correct to	the best of my knowled	dge.
1	GN ERE	Signature of Property Appraiser:	•			Date :		
		Electronically Certified by Property Appraise	er			6/23/2021 10:0	00 AM	
SEC	TION	II: COMPLETED BY TAXING AUTHORITY C	omplete	EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:							
6a.	a. Enter the proportion on which the payment is based.						0.00 %	(6a)
6b.	Dedicated in an analysis of the 2 and this in discrete				ia)	\$	0	(6b)
6с.	Amo	ount of payment to redevelopment trust fund i	n prior ye	ar		\$	0	(6c)
7. If	the a	amount to be paid to the redevelopment trust	fund IS NO	OT BASED o	n a specifi	c proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fund i	n prior ye	ar		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-420	0, Line 10	1		0.000	0 per \$1,000	(7b)
		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 or 27 a divided by Line 7c, multiplied by 100)					0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter ze	e percenta e ro on Lin	ge on Line 7 e 7e	7d)	\$	0	(7e)
		Taxing Authority Certification I cer	rtify the ca	lculations,	millages an	d rates are correct	to the best of my knowle	edge.
S	;	Signature of Chief Administrative Officer:				Date :		
1	,	Title:			Contact N	ame and Contact	Title	
N		Eric M. Peburn, Chief Financial Officer				burn, Chief Finan		
	H Marilla a Addusa							
1	Mailing Address : 8 303 N Clyde Morris Blvd				Physical A	ddress : de Morris Blvd		
	R Sos N Clyde Morris Bivd				505 H Ciy	morris biva		
E	City, State, Zip:				Phone Nu	mber :	Fax Number :	
	City, State, Zip: 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:

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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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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.).

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

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

Section II: Taxing Authority

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

Additional Instructions for Lines 6 and 7

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

FLORIDA DEPARTMENT OF REVENUE

Yea	ar: 2021			County:	V	OLUSIA			
		l Authority: X HOSPITAL		Taxing Au HALIFAX I					
Con	nmu	nity Redevelopment Area :		Base Year	:				
Day	/tona	a Beach-West Side		1997					
SEC	TION	II: COMPLETED BY PROPERTY APPRAIS	ER						
1.	Curr	ent year taxable value in the tax increment a	ırea			\$	0	(1)	
2.	Base	year taxable value in the tax increment area) 1			\$	0	(2)	
3.	Curr	ent year tax increment value (Line 1 minus Li	ine 2)			\$ (
4.	Prio	r year Final taxable value in the tax incremen	it area			\$ (
5.	Prio	r year tax increment value (Line 4 minus Line	2)			\$ 0 (
CI	GN	Property Appraiser Certification	I certify	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 Appra	niser			6/23/2021 10:0	00 AM		
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY	Complete l	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 tru	st fund IS BA	ASED on a sp	pecific prop	portion of the tax	increment value:		
	6a. Enter the proportion on which the payment is based.						0.00 %	(6a)	
6b.	Dedicated increment value (Line 3 multiplied by the percental lift value is zero or less than zero, then enter zero on Lin			ge on Line 6 <mark>e 6b</mark>	a)	\$	0	(6b)	
6с.	6c. Amount of payment to redevelopment trust fund in prior yea			ar		\$	0	(6c)	
7. lf	the a	mount to be paid to the redevelopment tru	st fund IS NO	OT BASED o	n a specific	proportion of the	e tax increment value:		
7a.	Amo	ount of payment to redevelopment trust fund	d in prior ye	ar		\$	0	(7a)	
7b.	Prio	r year operating millage levy from Form DR-4	420, Line 10	1		0.0000 per \$1,000			
7c.		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)	
		year payment as proportion of taxes levied a radivided by Line 7c, multiplied by 100)	on increme	nt value			0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by t If value is zero or less than zero, then enter			7d)	\$	0	(7e)	
		,	certify the ca	lculations, ı	millages an	d rates are correct	to the best of my knowle	edge.	
9	5	Signature of Chief Administrative Officer :				Date:			
Ġ	5	Title:			Contact N	ame and Contact	Title ·		
N		Eric M. Peburn, Chief Financial Officer				burn, Chief Finan			
E F	H Mailing Address: 303 N Clyde Morris Blvd E City Code 7				Physical A 303 N Cly	ddress : de Morris Blvd			
	• [City, State, Zip:			Phone Nu	umber : Fax Number :			
	Daytona Beach, FL 32114				386-425-4	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:

- 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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• Example 1.

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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	ar:	2021	County:	V	OLUSIA		
		l Authority : X HOSPITAL	Taxing Au HALIFAX	ithority : HOSPITAL			
1		nity Redevelopment Area :	Base Year	r:			
Sou	uth D	aytona	1997				
SEC	TIOI	II: COMPLETED BY PROPERTY APPRAISER	l .				
1.	Curr	ent year taxable value in the tax increment area			\$	0	(1)
2.	Base	year taxable value in the tax increment area			\$	0	(2)
3.	Curr	ent year tax increment value (Line 1 minus Line 2)		\$			(3)
4.	Prio	r year Final taxable value in the tax increment area		\$			(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2)			\$	0	(5)
		Property Appraiser Certification I ce	ertify the taxabl	le values ab	oove are correct to	the best of my knowled	dge.
	IGN ERE	Signature of Property Appraiser:			Date :		
		Electronically Certified by Property Appraiser			6/23/2021 10:0	00 AM	
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or lin			e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If	the a	amount to be paid to the redevelopment trust fund	IS BASED on a s	pecific pro	portion of the tax	increment value:	
6a.	Enter the proportion on which the payment is based.					0.00 %	(6a)
6b.	Ded	icated increment value (Line 3 multiplied by the perce		5a)	\$	0	(6b)
6.5		If value is zero or less than zero, then enter zero on			\$		
		ount of payment to redevelopment trust fund in pric	•		<u> </u>	0	(6c)
		amount to be paid to the redevelopment trust fund		on a specifi	c proportion of th		(72)
		ount of payment to redevelopment trust fund in price	•		,	0) per \$1,000	(7a) (7b)
	_	r year operating millage levy from Form DR-420, Lines levied on prior year tax increment value	e 10		0.0000) per \$1,000	(70)
7c.		e 5 multiplied by Line 7b, divided by 1,000)			\$	0	(7c)
7d.	(Line	r year payment as proportion of taxes levied on incre ? 7a divided by Line 7c, multiplied by 100)				0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the perco If value is zero or less than zero, then enter zero on	entage on Line Line 7e	7d)	\$	0	(7e)
			ne calculations,	millages an	d rates are correct	to the best of my knowle	edge.
9	S I	Signature of Chief Administrative Officer:			Date :		
	G .	Title:			lame and Contact		
	N Eric M. Peburn, Chief Financial Officer			Eric M. Pe	eburn, Chief Finan	cial Officer	
F	H Mailing Address: 303 N Clyde Morris Blvd			Physical A 303 N Cly	ddress : de Morris Blvd		
ı	City, State, Zip:				Number : Fax Number :		
		Daytona Beach, FL 32114		386-425-4568 386-425-4575			

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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	ar:	2021	(County:	V	OLUSIA			
		l Authority: X HOSPITAL		Taxing Aut HALIFAX F					
Cor	nmu	nity Redevelopment Area :		Base Year	:				
Но	lly Hi	II		1995					
SEC	TIOI	II: COMPLETED BY PROPERTY APPRAISER	l .						
1.	Curr	ent year taxable value in the tax increment area				\$	0	(1)	
2.	Base	year taxable value in the tax increment area				\$	0	(2)	
3.	Curr	ent year tax increment value (Line 1 minus Line 2))			\$	0	(3)	
4.	Prio	r year Final taxable value in the tax increment area	a			\$			
5.	Prio	r year tax increment value (Line 4 minus Line 2)				\$	0	(5)	
_	ICNI	Property Appraiser Certification	I certify t	he taxable	values ab	above are correct to the best of my knowledge.			
	IGN ERE	Signature of Property Appraiser:				Date :			
		Electronically Certified by Property Appraiser				6/23/2021 10:0	00 AM		
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY Com	nplete El	ITHER line	6 or line	7 as applicable.	Do NOT complete both	ո.	
6. If	i. 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.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)			a)	\$	0	(6b)		
60	Λma	If value is zero or less than zero, then enter zero punt of payment to redevelopment trust fund in p				\$	0	(6c)	
	1	amount to be paid to the redevelopment trust fur	-		n a specifi		-	(00)	
	1	ount of payment to redevelopment trust fund in p			та эрссии	\$	0	(7a)	
		r year operating millage levy from Form DR-420, I	•			0.0000		(7b)	
7c.		es levied on prior year tax increment value	LITIC TO				,		
/c.		5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)	
7d.		r year payment as proportion of taxes levied on in ? 7a divided by Line 7c, multiplied by 100)	ncrement	t 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			'd)	\$	0	(7e)	
		Taxing Authority Certification	y the calc	culations, n	nillages an	d rates are correct	to the best of my knowle	edge.	
	S I	Signature of Chief Administrative Officer :				Date :			
	G	Title:				ame and Contact			
	N	Eric M. Peburn, Chief Financial Officer			Eric M. Pe	burn, Chief Finan	cial Officer		
I	H Mailing Address: 303 N Clyde Morris Blvd				Physical A 303 N Cly	ddress : de Morris Blvd			
'	City, State, Zip:			Phone Nu	Number : Fax Number :				
					386-425-4	25-4568 386-425-4575			

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

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	ar:	2021	County:	V	OLUSIA		
		l Authority : X HOSPITAL	Taxing Au HALIFAX	thority : HOSPITAL			
1		nity Redevelopment Area : ange-East Port	Base Year 1995	r:			
SEC	TIOI	I : COMPLETED BY PROPERTY APPRAISER					
1.	Curr	ent year taxable value in the tax increment area			\$	0	(1)
2.	Base	year taxable value in the tax increment area			\$	0	(2)
3.	Curr	ent year tax increment value (Line 1 minus Line 2)		\$			(3)
4.	Prio	r year Final taxable value in the tax increment area			\$		
5.	Prio	r year tax increment value (Line 4 minus Line 2)			\$	0	(5)
		Property Appraiser Certification	ertify the taxabl	e values ab	ove are correct to	the best of my knowled	dge.
	IGN ERE	Signature of Property Appraiser:			Date :		
		Electronically Certified by Property Appraiser			6/23/2021 10:0	00 AM	
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or lin			e 6 or line	7 as applicable.	Do NOT complete both	ո.
6. If	the a	amount to be paid to the redevelopment trust fund	IS BASED on a s	pecific pro	portion of the tax	increment value:	
6a.	Enter the proportion on which the payment is based.					0.00 %	(6a)
6b.	Dedicated in grow out value (Line 2 moultiplied by the personters on Line (5a)	\$	0	(6b)
6c.	Amo	ount of payment to redevelopment trust fund in pri			\$	0	(6c)
7. If	the a	amount to be paid to the redevelopment trust fund	IS NOT BASED o	on a specifi	c proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fund in pri	or year		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-420, Lii	ne 10		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 inci	rement value			0.00 %	(7d)
7e.		icated increment value (Line 3 multiplied by the pero If value is zero or less than zero, then enter zero o	centage on Line . n Line 7e	7d)	\$	0	(7e)
				millages an	d rates are correct	to the best of my knowle	edge.
5		Signature of Chief Administrative Officer :			Date :		
ľ	Title: R Eric M. Peburn, Chief Financial Officer				ame and Contact burn, Chief Finan		
F	H E R	Mailing Address : 303 N Clyde Morris Blvd		Physical A 303 N Cly	ddress : de Morris Blvd		
'	City, State, Zip : Phone				Number : Fax Number :		
		Daytona Beach, FL 32114		386-425-4568 386-425-4575			

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

Section II: Taxing Authority

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

POEPARIMENT OF REVENUE

Yea	ar:	2021		County:	V	OLUSIA		
		l Authority : X HOSPITAL		Taxing Au HALIFAX I				
Cor	nmu	nity Redevelopment Area :		Base Year	:			
Da	yton	a Beach-Ballough Rd		1985				
SEC	TIOI	NI: COMPLETED BY PROPERTY APPRAISER	<u> </u>					
1.	Curr	ent year taxable value in the tax increment are	a			\$	0	(1)
2.	Base	year taxable value in the tax increment area				\$	0	(2)
3.	Curr	ent year tax increment value (Line 1 minus Line	2)			\$		
4.	Prio	r year Final taxable value in the tax increment a	irea			\$	0	(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2)				\$ 0		
	IGN	Property Appraiser Certification	I certify	the taxable	e values ab	oove are correct to	the best of my knowled	dge.
1	IERE	Signature of Property Appraiser:				Date :		
		Electronically Certified by Property Appraise	er			6/23/2021 10:0	00 AM	
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY CO	omplete	EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	h.
6. If	the a	amount to be paid to the redevelopment trust i	fund IS B <i>A</i>	ASED on a s	pecific pro	portion of the tax	increment value:	
6a.	Enter the proportion on which the payment is based.						0.00 %	(6a)
6b.	b. Dedicated increment value (Line 3 multiplied by the percent				a)	\$	0	(6b)
6с.	Amo	ount of payment to redevelopment trust fund i	n prior ye	ar		\$	0	(6c)
7. If	the a	amount to be paid to the redevelopment trust i	fund IS NO	OT BASED o	n a specifi	c proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fund in	n prior ye	ar		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-420), Line 10	١		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 or 27 a divided by Line 7c, multiplied by 100)	increme	nt value			0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter ze	percenta ero on Lin	ge on Line 7 e 7e	7d)	\$	0	(7e)
		Taxing Authority Certification I cer	tify the ca	lculations, 1	millages an	d rates are correct	to the best of my knowle	edge.
;	s	Signature of Chief Administrative Officer:				Date :		
	I							
	G	Title:				lame and Contact		
	N	Eric M. Peburn, Chief Financial Officer			Eric M. Pe	burn, Chief Finan	cial Officer	
	H Mailing Address :				Physical A			
1	E 303 N Clyde Morris Blvd				303 N Cly	de Morris Blvd		
	City, State, Zip:				Phone Nu	umber : Fax Number :		
		Daytona Beach, FL 32114			386-425-	4568	386-425-4575	

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PLORIDA

Yea	ar:	2021	County:	V	OLUSIA		
		l Authority : X HOSPITAL	Taxing Au HALIFAX	thority : HOSPITAL			
1		nity Redevelopment Area :	Base Year	r:			
Da	yton	a Beach-Main Street	1982				
SEC	TIOI	II: COMPLETED BY PROPERTY APPRAISER	·				
1.	Curr	ent year taxable value in the tax increment area			\$	0	(1)
2.	Base	year taxable value in the tax increment area			\$	0	(2)
3.	Curr	ent year tax increment value (Line 1 minus Line 2)		\$			(3)
4.	Prio	r year Final taxable value in the tax increment area			\$	0	(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2)			\$	0	(5)
	ICNI	Property Appraiser Certification 10	ertify the taxabl	e values ab	ove are correct to	the best of my knowled	dge.
	IGN ERE	Signature of Property Appraiser:			Date :		
		Electronically Certified by Property Appraiser			6/23/2021 10:0	00 AM	
SEC	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or lin			e 6 or line	7 as applicable.	Do NOT complete both	1.
6. If	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.	Dedicated in grow out value (Line 2 moultiplied by the program on Line)			5a)	\$	0	(6b)
6c.	Amo	ount of payment to redevelopment trust fund in price			\$	0	(6c)
	1	amount to be paid to the redevelopment trust fund	•	on a specifi	Legion of the composition of the	e tax increment value:	
	1	ount of payment to redevelopment trust fund in price		•	\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-420, Lir	ne 10		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.	Prio	r year payment as proportion of taxes levied on incr	ement value			0.00 %	(7d)
_		2. Ta divided by Line 7c, multiplied by 100) icated increment value (Line 3 multiplied by the perc	entage on Line	7d)		0.00	
/e.		If value is zero or less than zero, then enter zero or	n Line 7e		\$	0	(7e)
		<u> </u>	he calculations,	millages an		to the best of my knowle	edge.
!	S I	Signature of Chief Administrative Officer:			Date:		
	G	Title:			ame and Contact		
'	N Eric M. Peburn, Chief Financial Officer			Eric M. Pe	burn, Chief Finan	cial Officer	
Ι.	H Mailing Address:			Physical A	ddress :		
	E 303 N Clyde Morris Blvd			303 N Cly	de Morris Blvd		
	:				Number: Fax Number:		
		Daytona Beach, FL 32114		386-425-4	4568	386-425-4575	

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

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

"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.



Year:	2021	County:	V	OLUSIA		
	al Authority: AX HOSPITAL	Taxing Au HALIFAX	ithority : HOSPITAL			
1	unity Redevelopment Area :	Base Year	r:			
Dayto	na Beach-Downtown	1982				
SECTIO	ON I: COMPLETED BY PROPERTY APPRAISER					
1. Cu	rrent year taxable value in the tax increment area			\$	0	(1)
2. Ba	se year taxable value in the tax increment area			\$	0	(2)
3. Cu	rrent year tax increment value (Line 1 minus Line 2)			\$	0	(3)
4. Pr	or year Final taxable value in the tax increment area			\$	0	(4)
5. Pr	or year tax increment value (Line 4 minus Line 2)			\$	0	(5)
SIGN	Property Appraiser Certification	ify the taxabl	le values ab	oove are correct to	the best of my knowled	dge.
HER	Cianatura of Dranarty Appraisar .			Date :		
	Electronically Certified by Property Appraiser			6/23/2021 10:0	00 AM	
SECTION	ECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or lin			7 as applicable.	Do NOT complete both	ı.
6. If the	s. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:					
6a. En	Enter the proportion on which the payment is based.				0.00 %	(6a)
6b. De	Dedicated in suggest value (Line 2 moultiplied by the programmer on Line 6			\$	0	(6b)
6c. Ar	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 o	on a specifi	c proportion of th	e tax increment value:	
7a. Ar	nount of payment to redevelopment trust fund in prior	year		\$	0	(7a)
7b. Pr	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 incrence of taxes levied on incrence of taxes levied by Line 7c, multiplied by 100)	nent value			0.00 %	(7d)
7e. D€	dicated increment value (Line 3 multiplied by the percent for less than zero, then enter zero on L	tage on Line . .ine 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 :		
G N	Title : Eric M. Peburn, Chief Financial Officer			ame and Contact burn, Chief Finan		
H E R E	Mailing Address : 303 N Clyde Morris Blvd	Physical A 303 N Cly	ddress : de Morris Blvd			
	City, State, Zip:	Phone Nu	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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Section I: Property Appraiser

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

Section II: Taxing Authority

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: 2021			County: VOLUSIA			
Principal Authority: HALIFAX HOSPITAL			Taxing Authority: HALIFAX HOSPITAL			
Community Redevelopment Area :			Base Year :			
Ormond Beach			1984			
SECTION I: COMPLETED BY PROPERTY APPRAISER						
Current year taxable value in the tax increment area				\$	0	(1)
2. Ba	2. Base year taxable value in the tax increment area			\$	0	(2)
3. Cu	3. Current year tax increment value (Line 1 minus Line 2)			\$	0	(3)
4. Prior year Final taxable value in the tax increment area				\$	0	(4)
5. Pr	Prior year tax increment value (Line 4 minus Line 2)			\$	0	(5)
CICA	Property Appraiser Certification I certify the taxable values above are correct to the best of my knowledge.					
SIGN HER	Cianature of Droporty Appraisor.			Date :		
	Electronically Certified by Property Appraiser			6/23/2021 10:00 AM		
SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line				7 as applicable.	Do NOT complete both	ո.
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. 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				\$	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. 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. Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e				\$	0	(7e)
Taxing Authority Certification I certify the calculations, millages and rates are correct to the best of my knowledge.						
S	Signature of Chief Administrative Officer :			Date:		
G	Title:			nct Name and Contact Title :		
N				Peburn, Chief Financial Officer		
H E R	Mailing Address : 303 N Clyde Morris Blvd		Physical Address : 303 N Clyde Morris Blvd			
E	City, State, Zip:		Phone Number : Fax Number :			
	Daytona Beach, FL 32114 386-4			4568 386-425-4575		

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