

Print Form



# **CERTIFICATION OF TAXABLE VALUE**

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

Year : 2023			County : VOLUSIA				
	pal Authority : I VOLUSIA HOSPITAL AUTHORITY	Taxing Authority : WEST VOLUSIA HOSPITAL					
SECT	TION I: COMPLETED BY PROPERTY AI	PPRAISER					
1.	Current year taxable value of real property for o	perating pur	poses	\$ 14,634,595,885			(1)
2.	Current year taxable value of personal property	for operating	g purposes	\$	2,	054,208,694	(2)
3.	Current year taxable value of centrally assessed	property for	operating purposes	\$		18,291,024	(3)
4.	Current year gross taxable value for operating p	ourposes (Lin	ne 1 plus Line 2 plus Line 3)	\$	16,	707,095,603	(4)
5.	Current year net new taxable value (Add new construction, additions, rehabilitative				\$ 495,111,508		
6.	Current year adjusted taxable value (Line 4 mine	us Line 5)		\$	16,	211,984,095	(6)
7.	Prior year FINAL gross taxable value from prior	year applical	ble Form DR-403 series	\$	14,	686,608,376	(7)
8.	Does the taxing authority include tax increment financing areas? If yes, enter number of worksheets (DR-420TIF) attached. If none, enter 0				□ NO	Number 3	(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, <i>Certification of Voted Debt Millage</i> forms attached. If none, enter 0				V NO	Number 0	(9)
	Property Appraiser Certification I certify the taxable values above are						
	Property Appraiser Certification	l certify the	taxable values above are	correct to t	he best o	f my knowled	dge.
	Signature of Property Appraiser:	l certify the	taxable values above are	correct to t Date :	he best o	f my knowled	dge.
SIGN HERE	Signature of Property Appraiser:	l certify the	taxable values above are o				lge.
HERE	Signature of Property Appraiser:		taxable values above are o	Date :			lge.
HERE	Signature of Property Appraiser: Electronically Certified by Property Appraiser	THORITY in FULL you	r taxing authority will be d	Date : 6/23/20 enied TRIM	23 9:50	AM	lge.
HERE	Signature of Property Appraiser: Electronically Certified by Property Appraiser TION II : COMPLETED BY TAXING AUT If this portion of the form is not completed	<b>THORITY</b> in FULL your ege for the ta	r taxing authority will be d ax year. If any line is not ap	Date : 6/23/20 enied TRIM oplicable, e	23 9:50	AM	dge. (10)
HERE SECT	Signature of Property Appraiser: Electronically Certified by Property Appraiser <b>TION II : COMPLETED BY TAXING AUT</b> If this portion of the form is not completed possibly lose its millage levy privil Prior year operating millage levy ( <i>If prior year mi</i>	in FULL your ege for the ta illage was adj	r taxing authority will be d ax year. If any line is not ap iusted then use adjusted	Date : 6/23/20 enied TRIM oplicable, e	23 9:50 certifica nter -0	AM tion and	
HERE SECT	Signature of Property Appraiser: Electronically Certified by Property Appraiser <b>TION II : COMPLETED BY TAXING AUT</b> If this portion of the form is not completed possibly lose its millage levy privil Prior year operating millage levy ( <i>If prior year mi</i> <i>millage from Form DR-422</i> )	in FULL you ege for the ta <i>llage was adj</i> d by Line 10, o	r taxing authority will be d ax year. If any line is not ap <i>iusted then use adjusted</i> divided by 1,000) n obligation measured by a	Date : 6/23/20 enied TRIM oplicable, e 1.0	23 9:50 certifica nter -0	AM tion and per \$1,000	(10)
HERE SECT 10. 11. 12.	Signature of Property Appraiser: Electronically Certified by Property Appraiser <b>TION II : COMPLETED BY TAXING AUT</b> If this portion of the form is not completed possibly lose its millage levy privil Prior year operating millage levy ( <i>If prior year mi</i> <i>millage from Form DR-422</i> ) Prior year ad valorem proceeds ( <i>Line 7 multiplie</i> Amount, if any, paid or applied in prior year as a cons	<b>THORITY</b> in FULL you ege for the ta <i>Ilage was adj</i> <i>d by Line 10, o</i> equence of ar <i>Line 7a for all D</i>	r taxing authority will be d ax year. If any line is not ap <i>iusted then use adjusted</i> divided by 1,000) n obligation measured by a <i>DR-420TIF forms</i> )	Date : 6/23/20 enied TRIM oplicable, e 1.0 \$	23 9:50 certifica nter -0	AM tion and per \$1,000 15,885,036	(10)
HERE SECT 10. 11. 12.	Signature of Property Appraiser: Electronically Certified by Property Appraiser <b>TION II : COMPLETED BY TAXING AUT</b> If this portion of the form is not completed possibly lose its millage levy privil Prior year operating millage levy ( <i>If prior year mi</i> <i>millage from Form DR-422</i> ) Prior year ad valorem proceeds ( <i>Line 7 multiplie</i> Amount, if any, paid or applied in prior year as a cons dedicated increment value ( <i>Sum of either Lines 6c or L</i>	THORITY in FULL your ege for the ta illage was adj d by Line 10, o sequence of ar Line 7a for all D 11 minus Line	r taxing authority will be d ax year. If any line is not ap <i>iusted then use adjusted</i> divided by 1,000) n obligation measured by a <i>DR-420TIF forms</i> )	Date : 6/23/20 enied TRIM oplicable, e 1.0 \$ \$	23 9:50 certifica nter -0 816	AM tion and per \$1,000 15,885,036 111,643	(10) (11) (12)
HERE SECT 10. 11. 12. 13.	Signature of Property Appraiser: Electronically Certified by Property Appraiser <b>TION II : COMPLETED BY TAXING AUT</b> If this portion of the form is not completed possibly lose its millage levy privil Prior year operating millage levy ( <i>If prior year mi</i> <i>millage from Form DR-422</i> ) Prior year ad valorem proceeds ( <i>Line 7 multiplie</i> Amount, if any, paid or applied in prior year as a cons dedicated increment value ( <i>Sum of either Lines 6c or L</i> Adjusted prior year ad valorem proceeds ( <i>Line 7</i>	<b>THORITY</b> in FULL your ege for the ta <i>Ilage was adj</i> <i>d by Line 10, o</i> sequence of ar <i>ine 7a for all D</i> <i>11 minus Line</i> <i>6b or Line 7e fo</i>	r taxing authority will be d ax year. If any line is not ap <i>iusted then use adjusted</i> divided by 1,000) n obligation measured by a <i>DR-420TIF forms</i> )	Date : 6/23/20 enied TRIM oplicable, e 1.0 \$ \$ \$	23 9:50 certifica nter -0 816	AM tion and per \$1,000 15,885,036 111,643 15,773,393	(10) (11) (12) (13)
HERE SECT 10. 11. 12. 13. 14.	Signature of Property Appraiser: Electronically Certified by Property Appraiser <b>TION II : COMPLETED BY TAXING AUT</b> If this portion of the form is not completed possibly lose its millage levy privil Prior year operating millage levy ( <i>If prior year mi</i> <i>millage from Form DR-422</i> ) Prior year ad valorem proceeds ( <i>Line 7 multiplie</i> Amount, if any, paid or applied in prior year as a cons dedicated increment value ( <i>Sum of either Lines 6c or L</i> Adjusted prior year ad valorem proceeds ( <i>Line 7</i>	THORITY in FULL your ege for the ta illage was adj d by Line 10, o equence of ar Line 7a for all D 11 minus Line 6b or Line 7e fo us Line 14)	r taxing authority will be d ax year. If any line is not ap <i>iusted then use adjusted</i> <i>divided by 1,000)</i> n obligation measured by a <i>DR-420TIF forms)</i> e 12) for all DR-420TIF forms)	Date : 6/23/20 enied TRIM pplicable, e 1.0 \$ \$ \$ \$ \$	23 9:50 certifica nter -0 816	AM tion and per \$1,000 15,885,036 111,643 15,773,393 125,994,596	(10) (11) (12) (13) (14)
HERE SECT 10. 11. 12. 13. 14. 15.	Signature of Property Appraiser: Electronically Certified by Property Appraiser <b>TON II : COMPLETED BY TAXING AUT</b> If this portion of the form is not completed possibly lose its millage levy privil Prior year operating millage levy ( <i>If prior year mi</i> <i>millage from Form DR-422</i> ) Prior year ad valorem proceeds ( <i>Line 7 multiplie</i> Amount, if any, paid or applied in prior year as a cons dedicated increment value ( <i>Sum of either Lines 6c or 1</i> Adjusted prior year ad valorem proceeds ( <i>Line 7</i>	THORITY in FULL your ege for the ta illage was adj d by Line 10, o equence of ar Line 7a for all D 11 minus Line 6b or Line 7e fo us Line 14)	r taxing authority will be d ax year. If any line is not ap <i>iusted then use adjusted</i> <i>divided by 1,000)</i> n obligation measured by a <i>DR-420TIF forms)</i> e 12) for all DR-420TIF forms)	Date : 6/23/20 enied TRIM pplicable, e 1.0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	23 9:50 certifica nter -0 816	AM tion and per \$1,000 15,885,036 111,643 15,773,393 125,994,596 085,989,499	<ul> <li>(10)</li> <li>(11)</li> <li>(12)</li> <li>(13)</li> <li>(14)</li> <li>(15)</li> </ul>

DR-420 R. 5/12

County Independent Special Dis				
19. I YPE of principal authority (check one)		(19)		
Municipality Water Management Dis	strict			
20.    Applicable taxing authority (check one) <ul> <li>Principal Authority</li> <li>Dependent Special Dist</li> <li>MSTU</li> <li>Water Management Dist</li> </ul>		(20)		
MSTU Water Management Dis	SUICE DASIT			
21. Is millage levied in more than one county? (check one) Yes V No		(21)		
DEPENDENT SPECIAL DISTRICTS AND MSTUS STOP STOP HERE - SIGN AN	ND SUBM	IIT		
22.       Enter the total adjusted prior year ad valorem proceeds of the principal authority, all dependent special districts, and MSTUs levying a millage. (The sum of Line 13 from all DR-420 forms)       \$ 15	5,773,393	(22)		
23. Current year aggregate rolled-back rate ( <i>Line 22 divided by Line 15, multiplied by 1,000</i> ) 0.9806 P	er \$1,000	(23)		
24. Current year aggregate rolled-back taxes (Line 4 multiplied by Line 23, divided by 1,000)       \$       10	6,382,978	(24)		
<ul> <li>Enter total of all operating ad valorem taxes proposed to be levied by the principal taxing authority, all dependent districts, and MSTUs, if any. (<i>The sum of Line 18 from all Spr-420 forms</i>)</li> </ul>	9,046,089	(25)		
26.Current year proposed aggregate millage rate (Line 25 divided by Line 4, multiplied by 1,000)1.1400	er \$1,000	(26)		
27. Current year proposed rate as a percent change of rolled-back rate ( <i>Line 26 divided by Line 23</i> , <u>minus 1</u> , multiplied by 100)	16.26 <sup>%</sup>	(27)		
First public budget hearingDate : 9/6/2023Time : 5:05 PM ESTPlace : The Center at Deltona 1640 Dr. Martin Luthe Deltona, FL 32725	er King Blvd	•1		
Taxing Authority CertificationI certify the millages and rates are correct to the best of my k The millages comply with the provisions of s. 200.065 and th either s. 200.071 or s. 200.081, F.S.S	-			
Signature of Chief Administrative Officer : Date :				
	7/28/2023 12:41 PM			
N Title : Contact Name and Contact Title :				
Stacy Tebo, Administrator     Stacy Tebo, Administrator				
EMailing Address :Physical Address :PO Box 940PO Box 940PO Box 940				
E City, State, Zip : Phone Number : Fax Number	er:			
DeLand, FL 32721 386-626-4870				

#### 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

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

Print Form

**Reset Form** 

For municipal governments, counties, and special districts

Ye	ar: <b>2023</b>	County:	VOLUS	IA				
	ncipal Authority : ST VOLUSIA HOSPITAL AUTHORITY	Taxing Authority: WEST VOLUSIA HOSPITAL						
1.	ls your taxing authority a municipality or independent special distri ad valorem taxes for less than 5 years?		Yes	V No	(1)			
	IF YES, STOP HERE. SIGN AND SUBMIT. You are not subject to a millage limitation							
2.	Current year rolled-back rate from Current Year Form DR-420, Line	16		0.9806	per \$1,000	(2)		
3.	Prior year maximum millage rate with a majority vote from <b>2022</b> For	m DR-420MM, Lin	e 13	1.9649	per \$1,000	(3)		
4.	Prior year operating millage rate from Current Year Form DR-420, Li	ine 10		1.0816	per \$1,000	(4)		
	If Line 4 is equal to or greater than Line 3, ski	p to Line 11.	If les	s, continu	ie to Line 5.			
	Adjust rolled-back rate based on prior year i	majority-vote m	naximu	m millage	rate			
5.	Prior year final gross taxable value from Current Year Form DR-420,	Line 7	\$		14,686,608,376	(5)		
6.	Prior year maximum ad valorem proceeds with majority vote (Line 3 multiplied by Line 5 divided by 1,000)	\$		28,857,717	(6)			
7.	Amount, if any, paid or applied in prior year as a consequence of an measured by a dedicated increment value from Current Year Form	\$		111,643	(7)			
8.	Adjusted prior year ad valorem proceeds with majority vote (Line 6	\$		28,746,074	(8)			
9.	Adjusted current year taxable value from Current Year form DR-420	0 Line 15	\$		16,085,989,499	(9)		
10.	Adjusted current year rolled-back rate (Line 8 divided by Line 9, mu	ltiplied by 1,000)		1.7870	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> )			1.7870	per \$1,000	(11)		
12.	Adjustment for change in per capita Florida personal income (See L	ine 12 Instruction	ns)		1.0284	(12)		
13.	Majority vote maximum millage rate allowed (Line 11 multiplied by	y Line 12)		1.8378	per \$1,000	(13)		
14.	Two-thirds vote maximum millage rate allowed (Multiply Line 13 b	y 1.10)		2.0216	per \$1,000	(14)		
15.	Current year proposed millage rate			1.1400	per \$1,000	(15)		
16.	Minimum vote required to levy proposed millage: (Check one)					(16)		
~	a. Majority vote of the governing body: Check here if Line 15 is less to the majority vote maximum rate. <b>Enter Line 13 on Line 1</b>	•	Line 13	. The maximu	Im millage rate is e	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	•	ine 14, k	out greater th	an Line 13. The			
	c. Unanimous vote of the governing body, or 3/4 vote if nine mem The maximum millage rate is equal to the proposed rate. <i>Enter</i>			if Line 15 is g	reater than Line 1	4		
	d. Referendum: The maximum millage rate is equal to the propose	ed rate. <b>Enter Lin</b>	e 15 o	n Line 17.				
17.	The selection on Line 16 allows a maximum millage rate of (Enter rate indicated by choice on Line 16)			1.8378	per \$1,000	(17)		
18.	Current year gross taxable value from Current Year Form DR-420, Li	ne 4	\$		16,707,095,603	(18)		

		Authority : OLUSIA HOSPITAL			DR-4	20MM-P R. 5/12 Page 2		
19.	9. Current year proposed taxes (Line 15 multiplied by Line 18, divided by 1,000)						19,046,089	) (19)
20.		al taxes levied at the maximum millage rat ,,000)	te ( <b>Line 17 multiplie</b> d	l by Line 18, divided	\$	30,704,300		) (20)
	DE	PENDENT SPECIAL DISTRICTS	TOP STOI	PHERI	E. SIGN A	ND SUBI	MIT.	
21.	21. Enter the current year proposed taxes of all dependent special districts & MSTUs levying a millage . <i>(The sum of all Lines 19 from each district's Form DR-420MM-P)</i>						(	) (21)
22.	Tota	al current year proposed taxes (Line 19 pl	us Line 21)		\$		19,046,089	(22)
		al Maximum Taxes						
23.		er the taxes at the maximum millage of all ring a millage <b>(The sum of all Lines 20 fro</b>			\$		(	) (23)
24.	Tota	al taxes at maximum millage rate <b>(Line 20</b>	plus Line 23)		\$		30,704,300	) (24)
		al Maximum Versus Total Taxes Le						
25.		total current year proposed taxes on Line kimum millage rate on Line 24? (Check on		an total taxes at the	VES		NO	(25)
	s	Taxing Authority Certification	I certify the millages and rates are correct to the comply with the provisions of s. 200.065 and the 200.081, F.S.					
	1	Signature of Chief Administrative Officer	:		Date :			
	G N	Electronically Certified by Taxing Author	ity	-	7/28/2023 12:41 PM			
		Title :		Contact Name and C	Contact Title :			
-	H     Stacy Tebo, Administrator     Stacy Tebo, Administrator       E     Mailing Address :     Physical Address :       PO Box 940     PO Box 940     PO Box 940							
		City, State, Zip : DeLand, FL 32721		Phone Number : 386-626-4870		Fax Number	:	

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 2023 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 2022 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 2022 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 <a href="http://floridarevenue.com/property/Pages/Forms.aspx">http://floridarevenue.com/property/Pages/Forms.aspx</a>



### TAX INCREMENT ADJUSTMENT WORKSHEET

Yea	Year : 2023			County : VOLUSIA				
	Principal Authority: WEST VOLUSIA HOSPITAL AUTHORITY			Taxing Authority: WEST VOLUSIA HOSPITAL				
	Community Redevelopment Area : SPRING HILL CRA (COUNTY)			:				
SEC	SECTION I : COMPLETED BY PROPERTY APPRAISER							
1.	Curr	ent year taxable value in the tax increment area			\$	47,690,754	(1)	
2.	Base	year taxable value in the tax increment area			\$	21,264,498	(2)	
3.	Curr	ent year tax increment value (Line 1 minus Line 2)			\$	26,426,256	(3)	
4.	Prio	r year Final taxable value in the tax increment area			\$	41,628,457	(4)	
5.	Prio	r year tax increment value <i>(Line 4 minus Line 2)</i>			\$	20,363,959	(5)	
		Property Appraiser Certification	y the taxable	e values ab	ove are correct to	the best of my knowled	lge.	
	gn Ere	Signature of Property Appraiser :			Date :			
		Electronically Certified by Property Appraiser			6/23/2023 9:50	) AM		
SEC	τιοι	III: COMPLETED BY TAXING AUTHORITY Complete	EITHER line	e 6 or line :	7 as applicable.	Do NOT complete both	ı.	
6. lf 1	the a	mount to be paid to the redevelopment trust fund IS B.	ASED on a sp	pecific pro	portion of the tax	increment value:		
6a.	<sup>6a.</sup> Enter the proportion on which the payment is based.					95.00 %	(6a)	
6b.	6b. Dedicated increment value ( <i>Line 3 multiplied by the percentage on Line 6a</i> ) If value is zero or less than zero, then enter zero on Line 6b				\$	25,104,943	(6b)	
6c.	Amc	ount of payment to redevelopment trust fund in prior ye	ear		\$	20,924	(6c)	
7. lf 1	the 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.	Amo	ount of payment to redevelopment trust fund in prior ye	ear		\$	0	(7a)	
7b.	Prio	year operating millage levy from Form DR-420, Line 10	)		0.0000	) per \$1,000	(7b)	
/C.	(Line	es levied on prior year tax increment value <i>5 multiplied by Line 7b, divided by 1,000</i> )			\$	0	(7c)	
7d.	Prio ( <u>Line</u>	year payment as proportion of taxes levied on increme 7a divided by Line 7c, multiplied by 100)	ent value			0.00 %	(7d)	
7e.		icated increment value <i>(Line 3 multiplied by the percente</i> If value is zero or less than zero, then enter zero on Lin		7d)	\$	0	(7e)	
	L.		alculations, r	nillages an	d rates are correct	to the best of my knowle	dge.	
S	5	Signature of Chief Administrative Officer :			Date :			
I		Electronically Certified By Taxing Authority			7/28/2023 12:41 PM			
G N		Title : Stacy Tebo, Administrator			rt Name and Contact Title : Tebo, Administrator			
E	H     Mailing Address :     Physical       PO Box 940     PO Box 9				l Address : ( 940			
E		City, State, Zip :		Phone Nu	mber :	Fax Number :		
	DeLand, FL 32721 386-626				4870			

### TAX INCREMENT ADJUSTMENT WORKSHEET INSTRUCTIONS

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

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

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

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

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

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

• Example 1.

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

• Example 2.

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

### **Section I: Property Appraiser**

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

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

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

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

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



### TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2023				County :	V	OLUSIA			
	Principal Authority: WEST VOLUSIA HOSPITAL AUTHORITY			Taxing Authority: WEST VOLUSIA HOSPITAL					
1	Community Redevelopment Area : SPRING HILL CRA (MUNICIPAL)				:				
SECT	SECTION I : COMPLETED BY PROPERTY APPRAISER								
1. (	Curre	ent year taxable value in the tax increment a	rea			\$	100,767,514	(1)	
2. E	Base	year taxable value in the tax increment area				\$	50,472,881	(2)	
3. (	Curre	ent year tax increment value <i>(Line 1 minus Li</i>	ne 2)			\$	50,294,633	(3)	
4. F	rior	year Final taxable value in the tax incremen	t area			\$	90,078,699	(4)	
5. F	rior	year tax increment value (Line 4 minus Line	2)			\$	39,605,818	(5)	
SIG	-N	Property Appraiser Certification	l certify	the taxable	e values ab	ove are correct to	o the best of my knowled	lge.	
HE		Signature of Property Appraiser :				Date :			
		Electronically Certified by Property Appra	iser			6/23/2023 9:50	) AM		
SECT	ION	II: COMPLETED BY TAXING AUTHORITY	Complete	EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	ı <b>.</b>	
6. lf tl	he a	mount to be paid to the redevelopment true	st fund IS BA	ASED on a s	pecific pro	portion of the tax	increment value:		
6a. E	nte	r the proportion on which the payment is ba	ised.				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				a)	\$	47,779,901	(6b)		
6c. /	٩mo	unt of payment to redevelopment trust fund	d in prior ye	ar		\$	40,696	(6c)	
7. lf tl	he a	mount to be paid to the redevelopment true	st fund IS NO	OT BASED o	n a specifi	c proportion of th	e tax increment value:		
7a. /	٩mo	unt of payment to redevelopment trust fund	d in prior ye	ar		\$	0	(7a)	
7b. F	Prior	year operating millage levy from Form DR-4	20, Line 10	)		0.0000	) per \$1,000	(7b)	
		s levied on prior year tax increment value 5 multiplied by Line 7b, divided by 1,000)		\$			0	(7c)	
		year payment as proportion of taxes levied 7a divided by Line 7c, multiplied by 100)	on increme	nt value			0.00 %	(7d)	
7e. [		cated increment value <i>(Line 3 multiplied by t</i> If value is zero or less than zero, then enter			7d)	\$	0	(7e)	
		5 7	ertify the ca	lculations, ı	millages an	d rates are correct	to the best of my knowle	dge.	
S	9	Signature of Chief Administrative Officer :				Date :			
I	L	Electronically Certified By Taxing Authority				7/28/2023 12:41	PM		
G N		Title : Stacy Tebo, Administrator				ame and Contact o, Administrator	Title :		
H E R		Mailing Address : PO Box 940			Physical Address : PO Box 940				
E		City, State, Zip :			Phone Nu	mber :	Fax Number :		
	DeLand, FL 32721 386-626-				-4870				

### TAX INCREMENT ADJUSTMENT WORKSHEET INSTRUCTIONS

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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.

# 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.

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### TAX INCREMENT ADJUSTMENT WORKSHEET

Yea	Year : 2023			County : VOLUSIA					
	Principal Authority: WEST VOLUSIA HOSPITAL AUTHORITY			Taxing Authority : WEST VOLUSIA HOSPITAL					
		nity Redevelopment Area :		Base Year	:				
DEL	AND	D-DOWNTOWN CRA		1984					
SEC	SECTION I : COMPLETED BY PROPERTY APPRAISER								
1.	1. Current year taxable value in the tax increment area				\$	75,939,465	(1)		
2.	2. Base year taxable value in the tax increment area					\$	20,034,463	(2)	
3.	Curr	ent year tax increment value (Line 1 minu	is Line 2)			\$	55,905,002	(3)	
4.	Prio	r year Final taxable value in the tax increm	nent area			\$	68,717,222	(4)	
5.	Prio	r year tax increment value <i>(Line 4 minus Li</i>	ine 2)			\$	48,682,759	(5)	
SI	GN	Property Appraiser Certification	on l certify	the taxabl	e values ab	ove are correct to	the best of my knowled	lge.	
	ERE	Signature of Property Appraiser:				Date :			
		Electronically Certified by Property Ap	praiser			6/23/2023 9:50	) AM		
SEC	TION	II: COMPLETED BY TAXING AUTHORIT	Y Complete	EITHER line	e 6 or line i	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 s	pecific pro	portion of the tax	increment value:		
6a.	Ente	r the proportion on which the payment is	s based.				95.00 %	(6a)	
6b.	6b. Dedicated increment value ( <i>Line 3 multiplied by the percentage on Line 6a</i> ) <i>If value is zero or less than zero, then enter zero on Line 6b</i>				ia)	\$	53,109,752	(6b)	
6c.	Amo	ount of payment to redevelopment trust f	und in prior yea	ar		\$	50,023	(6c)	
7. lf 1	the a	mount to be paid to the redevelopment	trust fund IS NO	OT BASED o	on a specifio	c 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.		es levied on prior year tax increment value <i>5 multiplied by Line 7b, divided by 1,000</i> )	ē			\$	0	(7c)	
7d.		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	-	lculations,	-		to the best of my knowle	dge.	
s	5	Signature of Chief Administrative Officer	:			Date :			
I		Electronically Certified By Taxing Authori	ity			7/28/2023 12:41 PM			
C N		Title : Stacy Tebo, Administrator				t Name and Contact Title : Tebo, Administrator			
E					Physical A PO Box 94	al Address : x 940			
E		City, State, Zip :			Phone Nu	mber :	Fax Number :		
	DeLand, FL 32721 386-626-				386-626-4	-4870			

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