

Print Form



CERTIFICATION OF TAXABLE VALUE

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

Year :	2015		County : VOLUSIA						
	pal Authority : Volusia Hospital Authority		Taxing Authority : WEST VOLUSIA HOSPITAL						
SECT	ION I: COMPLETED BY PROPERTY APP	PRAISER							
1.	Current year taxable value of real property for ope	erating pur	poses	\$ 6,405,788,830			(1)		
2.	Current year taxable value of personal property fo	or operating	g purposes	\$	1,	270,948,006	(2)		
3.	Current year taxable value of centrally assessed pr	roperty for	operating purposes	\$		14,293,124	(3)		
4.	Current year gross taxable value for operating pur	rposes <u>(Lin</u>	e 1 plus Line 2 plus Line 3)	\$	7,	691,029,960	(4)		
5.	Current year net new taxable value (Add new construction, additions, rehabilitative					\$ 95,816,125			
6.	Current year adjusted taxable value (Line 4 minus l	Line 5)		\$	7,	595,213,835	(6)		
7.	Prior year FINAL gross taxable value from prior year	ar applicat	ole Form DR-403 series	\$	7,	317,790,454	(7)		
8.	Does the taxing authority include tax increment fin of worksheets (DR-420TIF) attached. If none, ente		reas? If yes, enter number	VES	□ NO	Number 3	(8)		
9.	Does the taxing authority levy a voted debt service millage or a millage voted for 2 9. years or less under s. 9(b), Article VII, State Constitution? If yes, enter the number of DR-420DEBT, <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	certify the	taxable values above are	correct to t	he best o	f my knowlec	lge.		
	Property Appraiser CertificationISignature of Property Appraiser:	certify the	taxable values above are o	correct to t Date :	he best o	f my knowlec	lge.		
SIGN HERE		certify the	taxable values above are o	1			lge.		
HERE	Signature of Property Appraiser:		taxable values above are o	Date :			lge.		
HERE	Signature of Property Appraiser: Electronically Certified by Property Appraiser	IORITY FULL your	r taxing authority will be d	Date : 6/26/20 enied TRIM	15 3:11 certifica	PM	lge.		
HERE	Signature of Property Appraiser: Electronically Certified by Property Appraiser ION II : COMPLETED BY TAXING AUTH If this portion of the form is not completed in	IORITY FULL your ge for the ta	r taxing authority will be d ax year. If any line is not ap	Date : 6/26/20 enied TRIM	15 3:11 certifica nter -0	PM	lge. (10)		
HERE SECT	Signature of Property Appraiser: Electronically Certified by Property Appraiser ION II : COMPLETED BY TAXING AUTH If this portion of the form is not completed in possibly lose its millage levy privileg Prior year operating millage levy (<i>If prior year milla</i>)	IORITY FULL your ge for the ta age was adj	r taxing authority will be d ax year. If any line is not ap usted then use adjusted	Date : 6/26/20 enied TRIM plicable, en	15 3:11 certifica nter -0	PM tion and			
HERE SECT	Signature of Property Appraiser: Electronically Certified by Property Appraiser ION II : COMPLETED BY TAXING AUTH If this portion of the form is not completed in possibly lose its millage levy privileg Prior year operating millage levy (<i>If prior year milla</i> <i>millage from Form DR-422</i>)	IORITY FULL your ge for the ta age was adj by Line 10, c quence of an	r taxing authority will be d ax year. If any line is not ap usted then use adjusted divided by 1,000) n obligation measured by a	Date : 6/26/20 enied TRIM plicable, en 1.92	15 3:11 certifica nter -0	PM tion and per \$1,000	(10)		
SEC1 10.	Signature of Property Appraiser: Electronically Certified by Property Appraiser TON II : COMPLETED BY TAXING AUTH If this portion of the form is not completed in possibly lose its millage levy privileg Prior year operating millage levy (<i>If prior year milla</i> , <i>millage from Form DR-422</i>) Prior year ad valorem proceeds (<i>Line 7 multiplied b</i> Amount, if any, paid or applied in prior year as a conseq	IORITY FULL your ge for the ta age was adj by Line 10, c quence of an e 7a for all D	r taxing authority will be d ax year. If any line is not ap usted then use adjusted divided by 1,000) n obligation measured by a IR-420TIF forms)	Date : 6/26/20 enied TRIM oplicable, en 1.92 \$	15 3:11 certifica nter -0	PM tion and per \$1,000 14,077,233	(10) (11)		
HERE SECT 10. 11. 12.	Signature of Property Appraiser: Electronically Certified by Property Appraiser TON II : COMPLETED BY TAXING AUTH If this portion of the form is not completed in possibly lose its millage levy privileg Prior year operating millage levy (<i>If prior year milla</i> , <i>millage from Form DR-422</i>) Prior year ad valorem proceeds (<i>Line 7 multiplied b</i> Amount, if any, paid or applied in prior year as a conseq dedicated increment value (<i>Sum of either Lines 6c or Line</i>)	IORITY FULL your ge for the ta age was adj by Line 10, c quence of an e 7a for all D minus Line	r taxing authority will be d ax year. If any line is not ap usted then use adjusted divided by 1,000) n obligation measured by a uR-420TIF forms)	Date : 6/26/20 enied TRIM pplicable, en 1.92 \$ \$	15 3:11 certifica nter -0	PM tion and per \$1,000 14,077,233 28,512	(10) (11) (12)		
HERE SECT 10. 11. 12. 13.	Signature of Property Appraiser: Electronically Certified by Property Appraiser ION II : COMPLETED BY TAXING AUTH If this portion of the form is not completed in possibly lose its millage levy privileg Prior year operating millage levy (<i>If prior year milla</i> <i>millage from Form DR-422</i>) Prior year ad valorem proceeds (<i>Line 7 multiplied b</i> Amount, if any, paid or applied in prior year as a conseq dedicated increment value (<i>Sum of either Lines 6c or Line</i> Adjusted prior year ad valorem proceeds (<i>Line 11</i>)	IORITY FULL your ge for the ta age was adj by Line 10, c quence of an e 7a for all D minus Line o or Line 7e fo	r taxing authority will be d ax year. If any line is not ap usted then use adjusted divided by 1,000) n obligation measured by a uR-420TIF forms)	Date : 6/26/20 enied TRIM oplicable, en 1.92 \$ \$ \$	15 3:11 certifica nter -0 237	PM tion and per \$1,000 14,077,233 28,512 14,048,721	(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 AUTH If this portion of the form is not completed in possibly lose its millage levy privileg Prior year operating millage levy (<i>If prior year milla</i> <i>millage from Form DR-422</i>) Prior year ad valorem proceeds (<i>Line 7 multiplied b</i> Amount, if any, paid or applied in prior year as a conseq dedicated increment value (<i>Sum of either Lines 6c or Line</i> Adjusted prior year ad valorem proceeds (<i>Line 11 f</i> Dedicated increment value, if any (<i>Sum of either Line 6b</i>	IORITY FULL your ge for the ta age was adj by Line 10, c quence of an e 7a for all D minus Line o or Line 7e fo Line 14)	r taxing authority will be d ax year. If any line is not ap usted then use adjusted divided by 1,000) n obligation measured by a uR-420TIF forms) 12) or all DR-420TIF forms)	Date : 6/26/20 enied TRIM oplicable, en 1.92 \$ \$ \$ \$ \$	15 3:11 certifica nter -0 237 7,	PM tion and per \$1,000 14,077,233 28,512 14,048,721 14,568,680	(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 AUTH If this portion of the form is not completed in possibly lose its millage levy privileg Prior year operating millage levy (<i>If prior year milla</i> <i>millage from Form DR-422</i>) Prior year ad valorem proceeds (<i>Line 7 multiplied b</i> Amount, if any, paid or applied in prior year as a conseq 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 6b</i> Adjusted current year taxable value (<i>Line 6 minus I</i>)	IORITY FULL your ge for the ta age was adj by Line 10, c quence of an e 7a for all D minus Line o or Line 7e fo Line 14)	r taxing authority will be d ax year. If any line is not ap usted then use adjusted divided by 1,000) n obligation measured by a uR-420TIF forms) 12) or all DR-420TIF forms)	Date : 6/26/20 enied TRIM oplicable, en 1.92 \$ \$ \$ \$ \$ \$ \$	15 3:11 certifica nter -0 237 7,	PM tion and per \$1,000 14,077,233 28,512 14,048,721 14,568,680 580,645,155	(10) (11) (12) (13) (14) (15)		

DR-420 R. 5/12

									Page 2	
19.	יד	YPE of principa	al authority (check		·				(19)	
				Mur	nicipality	Water	Manageme	ent District		
20.	A	pplicable taxir	ng authority (checł	k one) 🔽 Prin	cipal Authority ⁻ U		ndent Speci [.] Manageme	al District ent District Basin	(20)	
21.	ls	millage levied i	in more than one co	unty? (check one)	Yes	V No			(21)	
		DEPENDENT	SPECIAL DISTRIC	TS AND MSTUs	STOP	STOP H	HERE - SIG	IN AND SUBM	IIT	
22.		endent special dist	l prior year ad valorem p ricts, and MSTUs levying			\$		14,048,721	(22)	
23.	Curr	rent year aggrega	ate rolled-back rate (Li	ne 22 divided by Line	15, multiplied by 1,	000)	1.8532	per \$1,000	(23)	
24.	Curr	rent year aggrega	ate rolled-back taxes (I	Line 4 multiplied by L	ine 23, divided by 1,	000) \$		14,253,017	(24)	
25.	 Enter total of all operating ad valorem taxe taxing authority, all dependent districts, ar DR-420 forms) 							14,795,234	(25)	
26.		rent year propose ,000)	ed aggregate millage r	ate (Line 25 divided by Line 4, multiplied			1.9237	per \$1,000	(26)	
27.		rent year propose 23, <mark>minus 1</mark> , me	ed rate as a percent ch ultiplied by 100)	ange of rolled-back	rate (<i>Line 26 divide</i>	d by		3.80 %	(27)	
		rst public get hearing	Date : 9/3/2015	Time : 5:05 PM EST	Place : 219 West Howry Avenue DeLand FL 32720					
	5	Taxing Autho	ority Certification	The millages cor	nges and rates are mply with the pro or s. 200.081, F.S	ovisions of a		, .		
	1	Signature of Chi	ef Administrative Offic	cer:			Date :			
	5	Electronically Co	ertified by Taxing Auth	nority			7/27/2015 8:56 AM			
ſ	N	Title :			Contact Name					
ŀ	4	Eileen Long			Eileen Long,	Administrat	ministrator			
F	E R E	Mailing Address PO Box 940	:		Physical Addr 1006 N Wood					
	-	City, State, Zip :			Phone Numb	er :	Fax	Number :		
		DeLand, FL 327	21		386-734-9441 386-738-535		-738-5351			

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

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

Print Form

DR-420MM-P

Reset Form

For municipal governments, counties, and special districts

Ye	ar: 2015	County:	VOLU	SIA				
				217 \				
	ncipal Authority : est Volusia Hospital Authority	Taxing Authorit WEST VOLUSIA		AL.				
1.	Is your taxing authority a municipality or independent special distri ad valorem taxes for less than 5 years?	ict that has levied	d 🗌	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		1.8532	per \$1,000	(2)		
3.	Prior year maximum millage rate with a majority vote from 2014 For	m DR-420MM, Lir	ne 13	2.6002	per \$1,000	(3)		
4.	Prior year operating millage rate from Current Year Form DR-420, L	ine 10		1.9237	per \$1,000	(4)		
	If Line 4 is equal to or greater than Line 3, ski	p to Line 11.	If les	ss, continu	ie to Line 5.			
	Adjust rolled-back rate based on prior year	majority-vote	maximu	um millage i	rate			
5.	Prior year final gross taxable value from Current Year Form DR-420,	Line 7	\$		7,317,790,454	(5)		
6.	Prior year maximum ad valorem proceeds with majority vote (Line 3 multiplied by Line 5 divided by 1,000)	\$		19,027,719	(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	\$		28,512	(7)			
8.	Adjusted prior year ad valorem proceeds with majority vote (Line 6	\$		18,999,207	(8)			
9.	Adjusted current year taxable value from Current Year form DR-420	0 Line 15	\$		7,580,645,155	(9)		
10.	Adjusted current year rolled-back rate (Line 8 divided by Line 9, mult	iplied by 1,000)		2.5063	per \$1,000	(10)		
	Calculate maximum millage levy		I					
11.	Rolled-back rate to be used for maximum millage levy calculation (Enter Line 10 if adjusted or else enter Line 2)	per \$1,000	(11)					
12.	Adjustment for change in per capita Florida personal income (See L	ine 12 Instructior	ns)		1.0196	(12)		
13.	Majority vote maximum millage rate allowed (Line 11 multiplied by l	Line 12)		2.5554	per \$1,000	(13)		
14.	Two-thirds vote maximum millage rate allowed (Multiply Line 13 by	1.10)		2.8109	per \$1,000	(14)		
15.	Current year proposed millage rate			1.9237	per \$1,000	(15)		
16.	Minimum vote required to levy proposed millage: (Check one)	1				(16)		
~	a. Majority vote of the governing body: Check here if Line 15 is less to the majority vote maximum rate. <i>Enter Line 13 on Line 17</i> .	ss than or equal t	o Line 13	3. The maximu	um millage rate is o	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 15</i>	•	Line 14,	but 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>			e if Line 15 is g	reater than Line 1	4.		
	d. Referendum: The maximum millage rate is equal to the propose	ed rate. Enter Lin	ne 15 or	Line 17.				
17.	The selection on Line 16 allows a maximum millage rate of <i>(Enter rate indicated by choice on Line 16)</i>			2.5554	per \$1,000	(17)		
18.	Current year gross taxable value from Current Year Form DR-420, Li	ine 4	\$		7,691,029,960	(18)		

		Authority : OLUSIA HOSPITAL				DR-42	20MM-P R. 5/12 Page 2	
19.	19. Current year proposed taxes (<i>Line 15 multiplied by Line 18, divided by 1,000</i>)					14	,795,234	(19)
20.	20. Total taxes levied at the maximum millage rate (<i>Line 17 multiplied by Line 18, divided by</i> 1,000)						,653,658	(20)
	DEPENDENT SPECIAL DISTRICTS AND MSTUS STOP STO					E. SIGN ANL	SUBN	IIT.
	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>)					0		
22.	Tota	al current year proposed taxes (Line 19 plu	ıs Line 21)		\$	14	,795,234	(22)
		al Maximum Taxes						
		er the taxes at the maximum millage of all ring a millage <i>(The sum of all Lines 20 from</i>			\$		0	(23)
24.	Tota	al taxes at maximum millage rate (Line 20	plus Line 23)		\$	19	,653,658	(24)
7	Tota	al Maximum Versus Total Taxes Le	evied					
25.		total current year proposed taxes on Line kimum millage rate on Line 24? (Check on		han total taxes at the	VES	5 🗌 NO		(25)
	5	Taxing Authority CertificationI certify the millages and rates are correct to th comply with the provisions of s. 200.065 and t 200.081, F.S.						
	I	Signature of Chief Administrative Officer	:		Date :			
	5 V	Electronically Certified by Taxing Author	rity		7/27/2015 8:56 AM			
		Title :		Contact Name and C	Contact Title :			
F E	H E	Eileen Long		Eileen Long, Admini	strator			
	R Mailing Address : Physical Address :			•				
	Ε	PO Box 940		1006 N Woodland B	Ivd			
		City, State, Zip :		Phone Number :		Fax Number :		
		DeLand, FL 32721		386-734-9441 386-738-535				

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 2015 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 2014 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 2014 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.



TAX INCREMENT ADJUSTMENT WORKSHEET

Yea	ar:	2015		County: VOLUSIA						
	Principal Authority: West Volusia Hospital Authority				Taxing Authority: WEST VOLUSIA HOSPITAL					
Con	nmu	nity Redevelopment Area :		Base Year	:					
Del	land-	Springhill Unincorporated		2004						
SEC	TIOI	II: COMPLETED BY PROPERTY APPR	AISER	•						
1.	Curr	ent year taxable value in the tax increme	nt area			\$	18,003,604	(1)		
2.	Base	year taxable value in the tax increment a	area			\$ 21,054,166				
3.	Curr	ent year tax increment value (Line 1 minu	ıs Line 2)			\$	-3,050,562	(3)		
4.	Prio	r year Final taxable value in the tax incren	nent area			\$	17,613,079	(4)		
5.	Prio	r year tax increment value <i>(Line 4 minus L</i>	ine 2)			\$	-3,441,087	(5)		
cı	GN	Property Appraiser Certification	on l 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 Appraiser					6/26/2015 3:11	PM			
SEC	ΤΙΟΙ	II: COMPLETED BY TAXING AUTHORIT	ry Complete	EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	n.		
6. lf	the a	mount to be paid to the redevelopment	trust fund IS BA	ASED on a s	pecific pro	portion of the tax	increment value:			
6a.	^{6a.} Enter the proportion on which the payment is based.						0.00 %	(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>					\$	0	(6b)		
6c.	Amo	ount of payment to redevelopment trust	fund in prior yea	ar		\$ 0				
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.	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				
7c.		es levied on prior year tax increment value <i>5 multiplied by Line 7b, divided by 1,000</i>)	e			\$ 0				
7d.		r year payment as proportion of taxes lev ? <i>Ta divided by Line 7c, multiplied by 100</i>)	ied on increme	nt value		0.00 % (7				
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, r	nillages an	d rates are correct	to the best of my knowle	edge.		
5	5	Signature of Chief Administrative Officer	:			Date :				
	I	Electronically Certified By Taxing Author	ity			7/27/2015 8:56 A	λM			
C N		Title : Eileen Long				ame and Contact ng, Administrator				
F	= R	Mailing Address : PO Box 940			Physical A 1006 N W	ddress : 'oodland Blvd				
E		City, State, Zip :			Phone Nu	mber :	Fax Number :			
		DeLand, FL 32721	386-734-9	4-9441 386-738-5351						

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	•:	2015	County : VOLUSIA					
		Authority: Iusia Hospital Authority	Taxing Authority: WEST VOLUSIA HOSPITAL					
1		nity Redevelopment Area :	Base Yea	r:				
Dela	nd-	Spring Hill Incorporated	2004					
SECT	ION	II: COMPLETED BY PROPERTY APPRAISER						
1. (Curr	ent year taxable value in the tax increment area			\$	48,154,374	(1)	
2. B	2. Base year taxable value in the tax increment area				\$	50,472,881	(2)	
3. (Curr	ent year tax increment value (Line 1 minus Line 2)			\$	-2,318,507	(3)	
4. F	Prior	year Final taxable value in the tax increment area			\$	45,645,116	(4)	
5. P	Prior	year tax increment value (Line 4 minus Line 2)			\$	-4,827,765	(5)	
SIG	-	Property Appraiser Certification	tify the taxab	e values ab	ove are correct to	o the best of my knowled	dge.	
HE		Signature of Property Appraiser :			Date :			
		Electronically Certified by Property Appraiser			6/26/2015 3:11	I PM		
SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. D					Do NOT complete both	ı .		
6. lf tl	he a	mount 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. ^[]	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. A	٩mc	unt of payment to redevelopment trust fund in prior	year		\$ 0			
7. lf tl	he a	mount to be paid to the redevelopment trust fund IS	NOT BASED o	on a specifi	c proportion of th	e tax increment value:		
7a. 🌶	٩mc	unt of payment to redevelopment trust fund in prior	year		\$	0	(7a)	
7b. p	Prior	year operating millage levy from Form DR-420, Line	10		0.0000 per \$1,000			
		s levied on prior year tax increment value 5 multiplied by Line 7b, divided by 1,000)			\$ 0			
		year payment as proportion of taxes levied on increr <i>7a divided by Line 7c, multiplied by 100)</i>	nent value		0.00 %			
7e. ^[]		cated increment value <i>(Line 3 multiplied by the percer</i> If value is zero or less than zero, then enter zero on l		7d)	\$	0	(7e)	
	L		calculations,	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			7/27/2015 8:56 4	AM		
G N		Title : Eileen Long			ame and Contact ng, Administrator			
H E R		Mailing Address : PO Box 940		Physical A 1006 N W	ddress : /oodland Blvd			
E	-	City, State, Zip :		Phone Nu	mber :	Fax Number :		
	DeLand, FL 32721 386-734					-9441 386-738-5351		

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:

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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:

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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.

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

Yea	ar:	2015		County : VOLUSIA					
		l Authority: Iusia Hospital Authority		Taxing Authority: WEST VOLUSIA HOSPITAL					
		nity Redevelopment Area :		Base Year	ar:				
Del	land-	Downtown		1984					
SEC	TIOI	I : COMPLETED BY PROPERTY APPR	AISER						
1.	Curr	ent year taxable value in the tax increme	nt area			\$	35,369,916	(1)	
2.	2. Base year taxable value in the tax increment area					\$	20,034,463	(2)	
3.	3. Current year tax increment value (Line 1 minus Line 2)					\$	15,335,453	(3)	
4.	4. Prior year Final taxable value in the tax increment area					\$	33,506,030	(4)	
5.	5. Prior year tax increment value (<i>Line 4 minus Line 2</i>)				\$	13,471,567	(5)		
SI	GN	Property Appraiser Certification	on l 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 Appraiser				6/26/2015 3:11	PM			
SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.						.			
6. lf	the a	amount to be paid to the redevelopment	trust fund IS BA	ASED on a sp	pecific pro	portion of the tax	increment value:		
6a.	6a. 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				a)	\$ 14,568,680			
6c.	Amo	ount of payment to redevelopment trust	fund in prior ye	ar		\$ 28,512			
7. lf	the a	mount to be paid to the redevelopment	trust fund IS NO	OT BASED o	n a specifi	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)		0.0000 per \$1,000			
7c.		es levied on prior year tax increment value e 5 multiplied by Line 7b, divided by 1,000)	e			\$	0	(7c)	
7d.		r year payment as proportion of taxes lev ? <i>Ta divided by Line 7c, multiplied by 100</i>)	ied on increme	nt value		0.00 % (
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	alculations, 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			7/27/2015 8:56 A	λM		
		Title : Eileen Long				ame and Contact ng, Administrator			
E F					•	l Address : Woodland Blvd			
E	-	City, State, Zip :			Phone Nu	mber :	Fax Number :		
	DeLand, FL 32721 386-734-					-9441 386-738-5351			

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