| Notice About 💆 | 1021_ | IAX N | ales | |
|--|---|--|-----------------------------|----------------------------|
| Chillicalla | (current year) | District | - | |
| Property Tax Rates in | $\frac{1}{1}$ | ing unit's name) | 1 0 | 1 |
| This notice concerns the QQQ property ta | ax rates for | weather | tOSPITAU ing unit's name) | District |
| This notice provides information about two tax rates used amount of taxes as last year if you compare properties to can adopt without holding an election. In each case, the adjustments as required by state law. The rates are given | axed in both years. In most se rates are calculated by o | t cases, the voter-appro dividing the total amour | oval tax rate is the highe | est tax rate a taxing unit |
| Taxing units preferring to list the rates can expand this so | ection to include an explan | ation of how these tax | rates were calculated. | |
| This year's no-new-revenue tax rate | | <u>\$</u> 0 | 7582 <i>[</i> s | 5100 |
| • | | | 00110 | |
| This year's voter-approval tax rate | | <u> 5.0</u> | 0846 | 5100 |
| To see the full calculations, please visit | ∖ for | a copy of the Tax Rate | Calculation Worksheet. | |
| • | | | he Hospita | |
| Unencumbered Fund Balances | | | | |
| The following estimated balances will be left in the taxing debt obligation. | unit's accounts at the end | of the fiscal year. Thes | e balances are not encu | mbered by correspondir |
| Туре | of Fund | | Balance | |
| | | \$ | | |
| M & O open | ations | | 995.39 | |
| | | | | - |
| | | | | |
| | | | | |
| Current Year Debt Service | | | | |
| The following amounts are for long-term debts that are so additional sales tax revenues, if applicable). | ecured by property taxes. 1 | These amounts will be p | paid from upcoming prop | erty tax revenues (or |
| Description of Debt | Principal or Contract Payment to be Paid From Property Taxes | Interest to be Paid From Property Taxes | Other Amounts to be Paid | Total Payment |
| Doan | \$ DODOOD 00 | \$ | \$ | \$200,000 |
| | | | | 1 3 3 3 |
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| | | | | ' |
| | | | | |
| (expand as readed) | | | | |
| (expand as needed) | | | | |

| Notice of Tax Rates Form 50-2 | 12 |
|---|-------|
| Total required for debt service\$ | |
| - Amount (if any) paid from funds listed in unencumbered funds \$ | |
| - Amount (if any) paid from other resources | |
| - Excess collections last year\$ | |
| = Total to be paid from taxes in 2030 | |
| + Amount added in anticipation that the taxing unit will collect | |
| only <u>95</u> % of its taxes in <u>2021</u> | |
| (collection rate) (current year) = Total Debt Levy | |
| Voter-Approval Tax Rate Adjustments | |
| State Criminal Justice Mandate | |
| State Offinitial Sustice Mandate | |
| The County Auditor certifies that County has spent \$ (minus any amount) amount (county name) | unt |
| received from state revenue for such costs) in the previous 12 months for the maintenance and operations cost of keeping inmates sentenced to the Te | xas |
| Department of Criminal Justice. County Sheriff has provided (county name) information on these co | osts, |
| minus the state revenues received for the reimbursement of such costs. This increased the voter-approval tax rate by \$/\$100. | |
| (amount or increase) | |
| Indigent Health Care Compensation Expenditures | |
| The spent \$ from July 1 to Jun 30 | _ |
| on indigent health care compensation procedures at the increased minimum eligibility standards, less the amount of state assistance. For the current ta | |
| year, the amount of increase above last year's enhanced indigent health care expenditures is \$ This increased the voter-approval ta | |
| rate by \$/\$100. | |
| | |
| Indigent Defense Compensation Expenditures | |
| Thespent \$from July 1to June 30(county name) (amount) (prior year) (current year) | |
| to provide appointed counsel for indigent individuals, less the amount of state grants received by the county. In the preceding year, the county spent | ., |
| \$ for indigent defense compensation expenditures. The amount of increase above last year's indigent defense expenditures is | |
| (amount) | |
| \$ This increased the voter-approval rate by \$/\$100 to recoup (amount of increase) (use one phrase to complete sentence: the increased expenditures, or 5% more than the preceding year's expenditures. | tures |
| | |
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| | |

| Notice of Tax Rates Eligible County Hospital Expenditures | | | The state of the s | Form 50-212 | | | |
|---|---------------------------------|------------------------|--|------------------|--|--|--|
| The(name of taxing unit) | spent \$(amount) | from July 1 | (prior year) to June 30 | 0 (current year) | | | |
| on expenditures to maintain and operate an eligible county hospita | I. In the preceding year, the _ | (ta | nxing unit name) | | | | |
| spent \$ for county hospital expenditures. For the current tax year, the amount of increase above last year's expenditures is | | | | | | | |
| \$ This increased the voter-approval tax rate by (amount of increase) | /\$100 to recoup | (use one phrase to com | plete sentence: the increasere than the preceding year | | | | |
| This notice contains a summary of the no-new-revenue and voter-acceptified by (designated individual's name and positive) | 08.11.20 | N | | ı | | | |