

2017 County Indigent Health Care

County Name _____

County Number _____

GENERAL INSTRUCTIONS: Pursuant to Health and Safety Code sections 61.040 and 61.041, this form is for counties that participate in an indigent health care program to submit tax and levy information to the Comptroller's office.

FILING INSTRUCTIONS: The person authorized should complete this form and submit it to the Comptroller's office by **Nov. 15, 2017**. The form may be submitted by mail to P.O. Box 13528, Austin, Texas 78711-3528 or by email to ptad.cpa@cpa.texas.gov. If assistance is needed when completing this form, call Information Services at 1-800-252-9121 (press 2 to access the menu and then press 1 to contact the Information Services Team).

Responsibility for Indigent Health Care Services

Check the box below that describes your county.

- 1. No public hospital, county responsibility
- 2. County-owned public hospital
- 3. Hospital district, no county responsibility
- 4. Hospital district(s) in part of county, some county responsibility

Final 2016 Tax Levy Information in 2017

Complete items 5 and 6. Use whole dollar amounts only.

5. Enter the 2016 taxes levied for the general fund as of July 31, 2017. This is not the amount of taxes collected, but is the actual taxes for the county's general fund (both collected and uncollected). Include adjustments for late changes to the 2016 tax roll through July 31, 2017. The general fund tax rate is the maintenance and operations (M&O) tax rate.

General fund levy as of July 31, 2017 \$ _____

6. Enter the 2016 taxes levied (both collected and uncollected) for all county property tax funds as of July 31, 2017. These funds include the general fund, the interest and sinking fund, farm-to-market/flood control fund and the special road and bridge fund. Include adjustments for late changes to the 2016 tax roll through July 31, 2017. If your county levies only the general fund tax, then items 5 and 6 are the same.

2016 total tax levy as of July 31, 2017 \$ _____

Counties that Have Adopted the Additional County Sales Tax

Complete items 7 through 9 if your county has the additional county sales tax to reduce property taxes. Use whole dollar amounts only.

7. Enter the 2016 taxes levied for the general fund as of July 31, 2017. This is not the amount of taxes collected, but is the actual taxes for the county's general fund (both collected and uncollected). Include adjustments for late changes to the 2016 tax roll through July 31, 2017.

2016 general fund levy as of July 31, 2017 \$ _____

8. Enter the county sales tax allocated from the Comptroller's Office for the last four quarters. If you have questions about the allocation, call the Comptroller's Data Analysis and Transparency Division at 1-800-531-5441, ext. 3-4679.

Last four quarters of county sales tax allocated from Comptroller's Office \$ _____

9. Add items 7 and 8 for the total general fund levy.

Total general fund levy with county sales tax added \$ _____

Counties with Hospital Districts That Cover Only Part of the County

If you checked item 4, complete items 10 through 13. Use whole dollar amounts only.

10. Enter the 2016 taxable value of the general fund as of July 31, 2017. The general fund's taxable value is the value remaining after deducting exemptions.

2016 taxable value of general fund \$ [grid]

11. Enter the 2016 taxable value of the hospital district or districts as of July 31, 2017. If your county does not collect for the hospital district(s), contact your appraisal district for the taxable value.

2016 taxable value of hospital district(s) \$ [grid]

12. Subtract item 11 from item 10. Enter the 2016 taxable value in the county that is outside the hospital district(s).

Total taxable value outside hospital district(s) \$ [grid]

13. Multiply the taxable value outside the hospital district(s) by the county's general fund tax rate, and divide by 100 to determine the 2016 general fund taxes outside the hospital district(s). The general fund tax rate is the maintenance and operations (M&O) tax rate. (General fund rate times item 12 and divided by 100)

2016 general fund levy \$ [grid]

Signature and Date

The person who is authorized to complete this form affirms that it is true and correct by signing it and including his or her title, phone number, email address and date signed.

print here

Name of Authorized Signatory

Title

sign here

Signature of Authorized Signatory

Date

Email Address

Phone (area code and number)