

2018 County Indigent Health Care

County Name _____

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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. 14, 2018. The form may be submitted by mail to P.O. Box 13528, Austin, Texas 78711-3528 or by email to transparency@cpa.texas.gov. If assistance is needed when completing this form, call the Transparency team at 1-844-519-5676 (press 7).

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
- 5. Does not apply, no indigent health care services

Final 2017 Tax Levy Information in 2018

Complete items 6 and 7. Use whole dollar amounts only.

6. Enter the 2017 taxes levied for the general fund as of July 31, 2018. 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 2017 tax roll through July 31, 2018. The general fund tax rate is the maintenance and operations (M&O) tax rate.

General fund levy as of July 31, 2018 \$

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7. Enter the 2017 taxes levied (both collected and uncollected) for all county property tax funds as of July 31, 2018. 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 2017 tax roll through July 31, 2018. If your county levies only the general fund tax, then items 6 and 7 are the same.

2017 total tax levy as of July 31, 2018 \$

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Counties that Have Adopted the Additional County Sales Tax

Complete items 8 through 10 if your county has the additional county sales tax to reduce property taxes. Use whole dollar amounts only.

8. Enter the 2017 taxes levied for the general fund as of July 31, 2018. 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 2017 tax roll through July 31, 2018.

2017 general fund levy as of July 31, 2018 \$

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9. 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 \$

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

Total general fund levy with county sales tax added \$

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Counties with Hospital Districts That Cover Only Part of the County

If you checked item 4, complete items 11 through 14. Use whole dollar amounts only.

11. Enter the 2017 taxable value of the general fund as of July 31, 2018. The general fund's taxable value is the value remaining after deducting exemptions.

2017 taxable value of general fund \$

12. Enter the 2017 taxable value of the hospital district or districts as of July 31, 2018. If your county does not collect for the hospital district(s), contact your appraisal district for the taxable value.

2017 taxable value of hospital district(s) \$

13. Subtract item 12 from item 11. Enter the 2017 taxable value in the county that is outside the hospital district(s).

Total taxable value outside hospital district(s) \$

14. Multiply the taxable value outside the hospital district(s) by the county's general fund tax rate, and divide by 100 to determine the 2017 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 13 and divided by 100)

2017 general fund levy \$

Contact and Authorization

Complete the boxes below by providing the name of the person who is authorized to complete this form along with his or her title, phone number, email address and date. By checking the box below it affirms that the information provided is true and correct.

Name of Authorized Employee

Title

Phone (area code and number)

Email Address

Date

I authorize that the information I have provided on this form is true and correct