

Tax Increment Finance (TIF) Registry

Annual Report by Municipality or County

PLEASE PRINT OR TYPE, DO NOT WRITE IN SHADED AREAS.

Please fill out the complete form and attach other documentation (See Instructions on page 2.)

STEP 1: Contact Information

City County
 Name of designating taxing unit _____
 Contact Person _____ Title _____
 Current Mailing Address (number and street) _____
 City _____ County _____ ZIP Code _____
 Phone (xxx-xxx-xxxx) _____ Fax Number (xxx-xxx-xxxx) _____ Email Address _____

STEP 2: Tax Increment Reinvestment Zone Information

1. TIF Reinvestment zone name: _____
DO NOT USE ORDINANCE OR RESOLUTION NUMBERS FOR ZONE NAME (See instructions for "Proper Zone Naming Standards")

2. Report for fiscal year beginning (YYYY) _____ and ending (YYYY) _____.

3. Has the termination date of the TIRZ been modified? (If "No" skip to question 4. If "yes", please attached the ordinance.) Yes No
 a. Original Termination Date (MM/DD/YYYY): _____ b. Modified Termination Date (MM/DD/YYYY): _____

4. Size of the TIF reinvestment zone in acres:

5. Has the size of the zone increased or decreased since creation? Yes No

6. If you answered "Yes" in question #5, please indicate which? Increased Decreased

7. Property types (select one only): Residential Commercial/Industrial Both (commercial/industrial and residential)

8. Have one or more abatements been given to business(es) to locate in the TIRZ (if "No" then skip to question #10)? Yes No

9. What are the individual account numbers assigned to each active abated property that is located in the TIRZ? Use semi-colon (;) to separate each property abated.

10. Types of improvement projects (check all that are in progress or have been completed):

Public Projects

Public Buildings and Facilities Roadwork
 Water/Sewer and Drainage Parks Other Infrastructure: _____

Other Projects

Facade Renovation Parking Historical Preservation
 Transit Affordable Housing Economic Development Other: _____

For Q.11-Q.14 round to the nearest dollar. CANNOT leave any line blank for Q.11-Q.14, MUST provide at least a \$0 for each line.

11. TIF fund balance (end of year): \$ _____

12. List of fund revenues:

Total tax increments received \$ _____

Sales tax increments \$ _____

Loans \$ _____

Sale of bonds \$ _____

Sale of property \$ _____

Other \$ _____

TOTAL ANNUAL REVENUES \$ _____

13. List of fund expenditures:

Administrative \$ _____

Property purchased \$ _____

Public improvements \$ _____

Facade renovations \$ _____

Parking \$ _____

Historic preservation \$ _____

Transit \$ _____

Affordable housing \$ _____

Economic development programs \$ _____

Other \$ _____

TOTAL ANNUAL EXPENDITURES \$ _____

14. Bonded indebtedness:

Principal due \$ _____

Interest due \$ _____

TOTAL DEBT \$ _____

Fill out the three lines below if the TIRZ IS NOT divided into multiple sub-zones in the "lead taxing unit." If the zone has increased in size since it's creation and is divided into multiple sub-zones: (a) identify the name of each sub-zone/section and (b) identify the TIRZ values, tax increment base and captured appraised value within that zone's sub-zone. DO NOT INCLUDE numbers from "participating taxing units."

15. Reinvestment zone values:

Tax increment base \$ _____

Current captured appraised value \$ _____

Tax increment reinvestment zone total (add above 2 lines together) \$ _____

Name of the subdivision 1 (if applicable)

(Fill out section below only if the TIRZ has expanded. Each new property/area that is incorporated into the TIRZ is considered as a "sub-zone")

Form with fields for Tax increment base, Current captured appraised value, Tax increment reinvestment sub-zone total, and Name of the sub-zone (2, 3, 4).

STEP 3: Authorized Name of Person Completing Form

By typing my name below, I certify under penalty of perjury that I am authorized to execute this instrument and the information provided herein is true and correct to the best of my knowledge and belief.

Authorized User Name Title Date

Instructions

State Law (Section Sec. 311.016, Tax Code) requires the governing body of a municipality or county, on or before the 150th day following the end of its fiscal year, to submit a report on the status of a reinvestment zone created by the municipality or county to the chief executive officer of each taxing unit that levies property taxes on real property in the zone. A copy of this annual report along with this form must be submitted to the Texas Comptroller of Public Accounts at the address below:

Comptroller of Public Accounts
Data Analysis and Transparency Division
Post Office Box 13528
Austin, Texas 78711-3528

For assistance or to request additional forms, call toll free, 1-800-531-5441 ext. 3-4679. You may also obtain additional forms at comptroller.texas.gov/economy/local/ch311/reporting.php. From a Telecommunication Device for the Deaf (TDD), call 1-800-248-4099 or 512-463-4621.

Step 1: Contact information
This information provides the Comptroller information on the entity initiating the tax increment reinvestment zone and a contact person for the annual report.

Step 2: Tax Increment Reinvestment Zone Information

Q.1 - Please include the reinvestment zone name listed in the ordinance or resolution creating the zone. TIRZ name MUST be formatted in this manner: City Name, TIRZ Name & Number such as City of Levelland TIRZ #1, City of Weimar Sunset TIRZ.

Q.10-Indicate all improvement projects in progress or completed within the zone.

Q.11-Q.14 - List the TIF fund balance at the end of the fiscal year, all revenues received by the fund during the fiscal year, and all expenditures made by the fund during the fiscal year. List principal and interest due on bonded indebtedness, the tax increment base at the creation of the zone and the current captured appraised value (the increase in property value over the tax increment base.)

Step 3: Authorized User Name of Person Completing Form