Notice About 2020

Tax Rates

(current year)

| Property Tax Rates in | Wilson County Memorial | Hospital District | | | | | | | | |
|---|---|---|--|-----------------------------|------------------------------|--|--|--|--|--|
| | (taxing unit's name) | | | | | | | | | |
| This notice concerns th | e 2020 property tax | tax rates for Wilson County Memorial Hospital District | | | | | | | | |
| | (current year) | (current year) (taxing unit's name) | | | | | | | | |
| amount of taxes as last can adopt without holdi | ormation about two tax rates used i year if you compare properties tax ng an election. In each case, these d by state law. The rates are given | ed in both years. In mos rates are calculated by | t cases, the voter-appro dividing the total amoun | val tax rate is the highes | st tax rate a taxing unit | | | | | |
| Taxing units preferring | to list the rates can expand this sec | tion to include an explar | nation of how these tax r | rates were calculated. | | | | | | |
| This year's no-new- | revenue tax rate | | <u>\$</u> .112 | 21/\$ | 100 | | | | | |
| This year's voter-ap | pproval tax rate | | _{\$.} .117 | <u>'</u> 3/\$ | 100 | | | | | |
| To see the full calculation | ons, please visit | ge/wilson.PropertyTaxRates for e address) | a copy of the Tax Rate | Calculation Worksheet. | | | | | | |
| Unencumbered F | und Balances | | | | | | | | | |
| The following estimated debt obligation. | balances will be left in the taxing un | nit's accounts at the end | of the fiscal year. These | e balances are not encur | mbered by corresponding | | | | | |
| | Type of | Fund | | Balance | | | | | | |
| | | | \$ | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Current Year Debt | t Service | | | | | | | | | |
| The following amounts a additional sales tax reve | are for long-term debts that are section enues, if applicable). | ured by property taxes. I | These amounts will be pa | aid from upcoming prope | erty tax revenues <i>(or</i> | | | | | |
| Des | scription 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 | | | | | |
| | | \$ | \$ | \$ | \$ | | | | | |
| Bond Debt | | 740,000 | 146,040 | | 886,040 | | | | | |

(expand as needed)

| Notice of Tax Rates | Total required for 2020 debt service | · | | \$ <u>886</u> , | 040 | | Form 50-212 |
|-------------------------|---|---------------|----------------------|--------------------|---------------------------------------|-------------------|--------------------------------|
| - | Amount (if any) paid from funds listed in u | ınencumbeı | ed funds | \$ | | | |
| _ | Amount (if any) paid from other resources | 3 | | \$ | | | |
| - | Excess collections last year | | | | | | |
| | = Total to be paid from taxes in $\frac{202}{(curren)}$ | | | _{\$} 886, | 040 | | |
| | | | | | | | |
| | + Amount added in anticipation that the only $\frac{95\%}{(collection\ rate)}$ % of its taxes in $\frac{20}{(currell)}$ | • | | \$ 857, | 972 | | |
| = | | ent year) | | 903, | 128 | | |
| Voter-Approval | Tax Rate Adjustments | | | | | | |
| State Criminal Ju | ustice Mandate | | | | | | |
| The(county n | County Auditor certifies that | (00 | ounty name) | County has | spent \$ | (mir. | us any amount |
| received from state re | evenue for such costs) in the previous 12 mo | onths for the | e maintenance and | l operations c | ost of keeping i | nmates senten | ced to the Texas |
| Department of Crimina | al Justice(county name) | County | Sheriff has provide | d(cc | ounty name) | informatior | on these costs, |
| minus the state reven | nues received for the reimbursement of such | າ costs. This | increased the vot | er-approval ta | x rate by \$ | nount of increase | /\$100. |
| Indigent Health | Care Compensation Expenditure | s | | | | | |
| The Wilson Cour | nty (county name) | spent \$ | 3,244,951 (amount) | from July 1 | 2019 (prior year) | _ to Jun 30 _2 | 020 (current year) |
| on indigent health car | re compensation procedures at the increase | d minimum | eligibility standard | s, less the am | ount of state as | ssistance. For t | he current tax |
| year, the amount of in | ncrease above last year's enhanced indigen | t health car | e expenditures is \$ | 232,460 | This incre | eased the voter | -approval tax |
| rate by \$0063 | /\$100. | | | | | | |
| Indigent Defense | e Compensation Expenditures | | | | | | |
| The | | spent \$ | | fror | n July 1 | to June 3 | 60 |
| | (county name) | _ opon: | (amount) | | (prior | year) | (current year) |
| to provide appointed of | counsel for indigent individuals, less the am | ount of stat | e grants received b | by the county. | In the precedin | g year, the cou | nty spent |
| \$ f | or indigent defense compensation expenditu | ures. The a | mount of increase | above last yea | ar's indigent de | ense expenditu | ıres is |
| \$ TI | his increased the voter-approval rate by \$ | mount of incr | /\$100 to reco | (use one ph | rase to complete s, or 5% more tha | | reased /ear's expenditures) |

Eligible County Hospital Expenditures

The Wilson County Memorial Hospital District (name of taxing unit) (name of taxing unit name)

spent \$\frac{36,764,350}{36,764,350}\$ for county hospital expenditures. For the current tax year, the amount of increase above last year's expenditures is

\$\frac{-134,967}{(amount of increase)}\$. This increased the voter-approval tax rate by (name of taxing unit) (name of taxing unit name) (name of taxing unit name)

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Notice of Tax Rates

Form 50-212