

Statement of Increase/Decrease

If Somervell County adopts a 2014 tax rate equal to the effective tax rate of \$.4439005 per
(name of taxing unit) (current year) (unit's effective tax rate)
 \$100 of value, taxes would increase compared to 2013 taxes by \$ 46,240.03.
(increase or decrease) (previous year) (amount of increase or decrease)

Schedule A – Unencumbered Fund Balances

The following estimated balances will be left in the taxing unit's property tax accounts at the end of the fiscal year. These balances are not encumbered by a corresponding debt obligation.

Type of Property Tax Fund	Balance
	\$

Schedule B – Current Year Debt Service

The taxing unit plans to pay the following amounts for long-term debts that are secured by property taxes. These amounts will be paid from property tax revenues (or additional sales tax revenues, if applicable).

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
	\$	\$	\$	\$

(expand as needed)

Total required for _____ debt service \$ _____
(current year)

– Amount (if any) paid from funds listed in Schedule A \$ _____

– Amount (if any) paid from other resources \$ _____

– Excess collections last year \$ _____

= Total to be paid from taxes in _____ \$ _____
(current year)

+ Amount added in anticipation that the taxing unit will collect
 only _____ % of its taxes in _____ \$ _____
(current year)

= Total Debt Levy \$ _____

Schedule C – Expected Revenue from Additional Sales Tax

(For hospital districts with additional sales tax to reduce property taxes)
 In calculating its effective and rollback tax rates, the taxing unit estimated that it will receive \$ _____ in additional sales and use tax revenues.

Schedule D – Transfer of Department, Function or Activity

The _____ spent \$ _____ from _____ to _____
(name of taxing unit discontinuing the function) (amount spent in the preceding 12 months before the rate calculations) (beginning date)

_____ on the _____ The _____
(ending date) (name of discontinuing function) (name of taxing unit receiving the function)

operates this function in all or a majority of the _____
(name of taxing unit discontinuing the function)

[Second Year of Transfer: Modify schedule to show comparison of amount this year and preceding year by taxing unit receiving the function.]

Statement of Increase/Decrease *(continued)*

Schedule E – Enhanced Indigent Health Care Expenditures

The _____ spent \$ _____ from _____ to _____
(name of taxing unit) (amount) (beginning date)

_____ on enhanced indigent health care at the increased minimum eligibility standards, less the amount of state assistance.
(ending date)

For the current tax year, the amount of increase above last year's enhanced indigent health care expenditures is \$ _____.
(amount of increase)

This notice contains a summary of actual effective and rollback tax rates' calculations.
You can inspect a copy of the full calculations at:

Insert address 112 Allen Drive, Glen Rose, Texas 76043

Name of person
preparing this notice Wes Rollen

Title Chief Appraiser

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