Certification of the Apportionment of State and County Property Taxes and Charges

CO MUN

FOR OF COUNTY

TAXES AND CHARGES

1	**A. STATE TAXES (Apportioned TID IN)**		1
2	1. Aggregate amount of state tax (use this amount for calculating state tax rate)		2
3	**B. COUNTY TAXES (Apportioned TID OUT)**		3
4	1. Portion of state special charges upon county:		4
5	Charitable and penal		5
6	Other state special charges		6
7			7
8	**SUBTOTAL for line B-1**		8
9	2. Other county taxes to be levied over entire town, village, or city		9
10	Health		10
11	Library (sec. 43.12)		11
12	County Bridge Aid (sec. 82.08(2))		12
13	Sanitation		13
14	Handicapped Schools (over entire town, village or city)		14
15	Property taxes charged back per Sec. 74.41 & 74.42, Wis. Stats.		15
16	Countywide EMS		16
17			17
18	All other county taxes (including levy for State Trust Fund Loans)		18
19	County Sales Tax Credit <	>	19
20	**SUBTOTAL for line B-2 to be levied over entire municipality**		20
21	County taxes to be levied over part of town, village or city		21
22	3.		22
23	4.		23
24	5.		24
25	6.		25
26	7.		26
27	**TOTAL NET COUNTY TAXES (8, 20, 22, 23, 24, 25 and 26) (for county tax rate)**		27
28	**C. SPECIAL DISTRICT TAXES**		28
29	Special District Code		29
30	1. Other state special charges		30
31	**D. TOWN, VILLAGE OR CITY TAXES**		31
32	4. Other state special charges		32
33			33
34			34
35	**SUBTOTAL for line D-4**		35
36	5. County special charges:		36
37	Illegal real estate charged back		37
38	Highways and bridges (sec. 83.03)		38
39	Highway aid (sec. 83.14)		39
40			40
41			41
42			42
43			43
44	**SUBTOTAL for line D-5**		44
45	**GRAND TOTAL - ALL TAXES AND CHARGES - Sum of lines 2, 27, 30, 35 and 44**		45

I, _____ clerk of the county of _____ do hereby certify that the foregoing is a correct and true statement in detail of all state and county taxes and charges to be raised in the said _____ during the calendar year ending December _____ which statement is certified under authority of s. 70.63 of the statutes.

Given under my hand and seal of the county of _____ Wisconsin, at _____

this _____ day of _____, _____.

( ) _____ _____

Telephone Number *County Clerk Signature*

Optional for County Clerk
Detailed Breakdown* of All County Taxes on Line 18 of County Apportionment on Other Side

DESCRIPTION	AMOUNT
All Other County Taxes	

***** Municipal Clerks need not show this detailed breakdown on the Statement of Taxes

Copy - Mail to Town, Village or City Clerk

Copy - Retained by County Clerk

Copy - Provide to County Treasurer

Mail Original To - Department of Revenue
Local Government Services Section, 6-97
PO Box 8971
Madison, WI 53708-8971