

BREAKDOWN OF ADDED, OMITTED & ROLLBACK TAXES

07 HILLSIDE TWP

20 UNION

	ASSESSED VALUATIONS	TOTAL AMOUNT OF TAXES	TAXES DUE COUNTY	TAXES DUE CTY LIBRARY	TAXES DUE CTY HEALTH	TAXES DUE CTY OPEN SP	TOTAL TAXES DUE COUNTY
2016 OMIT ASSMT	0	.00	.00	.00	.00	.00	.00
2017 OMIT ASSMT	0	.00	.00	.00	.00	.00	.00
2018 OMIT ASSMT	0	.00	.00	.00	.00	.00	.00
2019 OMIT ASSMT	0	.00	.00	.00	.00	.00	.00
2020 OMIT ASSMT	0	.00	.00	.00	.00	.00	.00
2016 RLBK ASSMT	0	.00	.00	.00	.00	.00	.00
2017 RLBK ASSMT	0	.00	.00	.00	.00	.00	.00
2018 RLBK ASSMT	0	.00	.00	.00	.00	.00	.00
2019 RLBK ASSMT	0	.00	.00	.00	.00	.00	.00
2020 RLBK ASSMT	0	.00	.00	.00	.00	.00	.00
2019 ADDED ASSMT	0	.00	.00	.00	.00	.00	.00
2020 ADDED ASSMT	0	.00	.00	.00	.00	.00	.00
2019 OM/AD ASSMT	0	.00	.00	.00	.00	.00	.00
** TOTAL **	0	.00	.00	.00	.00	.00	.00

I, -----, ASSESSOR OF HILLSIDE TWP
DO SWEAR (OR AFFIRM) THAT THE FOREGOING LIST CONTAINS THE VALUATIONS MADE
BY ME, TO THE BEST OF MY ABILITY, OF ALL THE PROPERTY LIABLE TO TAXATION
IN THE TAXING DISTRICT IN WHICH I AM THE ASSESSOR AND THAT I HAVE VALUED
THE SAME, WITHOUT FAVOR OR PARTIALITY, AND HAVE MADE SUCH DEDUCTIONS ONLY
FOR DEBT AND EXEMPTIONS AS ARE PRESCRIBED BY LAW.

ASSESSOR

SWORN AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____,

COUNTY TAX ADMINISTRATOR

THIS IS TO CERTIFY THAT THE ABOVE ADDED AND OMITTED
LISTS ARE A TRUE AND COMPLETE RECORD OF THE ADDED
AND OMITTED TAXES ASSESSED FOR THE YEAR _____ IN THE
TAXING DISTRICT OF HILLSIDE TWP
IN THE COUNTY OF UNION

COMMISSIONER

COMMISSIONER

COMMISSIONER

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	07 HILLSIDE TWP		BREAKDOWN OF ADDED, OMITTED & ROLLBACK TAXES			20 UNION	
	ASSESSED VALUATIONS	TOTAL AMOUNT OF TAXES	TOTAL TAXES DUE COUNTY	TAXES DUE MUN OPEN SP	TAXES DUE MUN LIBRARY	BALANCE DUE DISTRICT	
2016 OMIT-ASSMT	0	.00	.00	.00	.00	.00	
2017 OMIT-ASSMT	0	.00	.00	.00	.00	.00	
2018 OMIT-ASSMT	0	.00	.00	.00	.00	.00	
2019 OMIT-ASSMT	0	.00	.00	.00	.00	.00	
2020 OMIT-ASSMT	0	.00	.00	.00	.00	.00	
2016 RLBK ASSMT	0	.00	.00	.00	.00	.00	
2017 RLBK ASSMT	0	.00	.00	.00	.00	.00	
2018 RLBK ASSMT	0	.00	.00	.00	.00	.00	
2019 RLBK ASSMT	0	.00	.00	.00	.00	.00	
2020 RLBK ASSMT	0	.00	.00	.00	.00	.00	
2019 ADDED ASSMT	0	.00	.00	.00	.00	.00	
2020 ADDED ASSMT	0	.00	.00	.00	.00	.00	
2019 OM/AD ASSMT	0	.00	.00	.00	.00	.00	
** TOTAL **	0	.00	.00	.00	.00	.00	

I, -----, ASSESSOR OF HILLSIDE TWP
DO SWEAR (OR AFFIRM) THAT THE FOREGOING LIST CONTAINS THE VALUATIONS MADE
BY ME, TO THE BEST OF MY ABILITY, OF ALL THE PROPERTY LIABLE TO TAXATION
IN THE TAXING DISTRICT IN WHICH I AM THE ASSESSOR AND THAT I HAVE VALUED
THE SAME, WITHOUT FAVOR OR PARTIALITY, AND HAVE MADE SUCH DEDUCTIONS ONLY
FOR DEBT AND EXEMPTIONS AS ARE PRESCRIBED BY LAW.

ASSESSOR

SWORN AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____,

THIS IS TO CERTIFY THAT THE ABOVE ADDED AND OMITTED
LISTS ARE A TRUE AND COMPLETE RECORD OF THE ADDED
AND OMITTED TAXES ASSESSED FOR THE YEAR _____ IN THE
TAXING DISTRICT OF HILLSIDE TWP
IN THE COUNTY OF UNION

COMMISSIONER

COMMISSIONER

COMMISSIONER

COMMISSIONER

COMMISSIONER

COMMISSIONER

TABLE OF AGGREGATES, ADDED ASSESSMENTS

		SUMMARY OF ADDED ASSESSMENTS AND APPORTIONMENT OF TAXES	
		2019	2020
I, (WE,) _____	ASSESSOR(S) _____	ADDED ASSESSED VALUATION OF LAND	
_____	_____	ADDED ASSESSED VALUATION OF BUILDINGS	
_____	_____	TOTAL VALUE OF ADDED ASSESSMENTS	
OF _____ DO SWEAR (OR AFFIRM)		TOTAL VALUE OF PRORATED ASSESSMENTS	
THAT THE FOREGOING LIST CONTAINS THE VALUATIONS MADE BY ME (US),		REAL PROP TAX RATE PER \$100 VALUATION	\$7.689 \$7.841
TO THE BEST OF MY (OUR) ABILITY, OF ALL THE PROPERTY LIABLE TO		TOTAL TAXES ON ADDED ASSESSMENTS	\$.00 \$.00
TAXATION IN THE TAXING DISTRICT IN WHICH I AM (WE ARE) THE		VETERANS & SENIOR CITIZEN DEDUCTIONS	\$.00 \$.00
ASSESSOR(S) AND THAT I (WE) HAVE VALUED THE SAME, WITHOUT FAVOR		NET TAXES ON ADDED ASSESSMENTS	\$.00 \$.00
OR PARTIALITY, AND HAVE MADE SUCH DEDUCTIONS ONLY FOR DEBT AND			
EXEMPTIONS AS ARE PRESCRIBED BY LAW.		AMOUNT DUE COUNTY, FEB. 15, 2021 AT:	
_____		COUNTY RATE: 2019 \$1.058 PER \$100	\$.00 \$.00
_____		2020 \$1.105 PER \$100	\$.00 \$.00
_____		CTY LIBRARY RATE: 2019 \$.000 PER \$100	\$.00 \$.00
_____		2020 \$.000 PER \$100	\$.00 \$.00
_____		CTY HEALTH RATE: 2019 \$.000 PER \$100	\$.00 \$.00
_____		2020 \$.000 PER \$100	\$.00 \$.00
_____		CTY OPEN SP RATE: 2019 \$.031 PER \$100	\$.00 \$.00
_____		2020 \$.033 PER \$100	\$.00 \$.00
_____		MUN OPEN SP RATE: 2019 \$.000 PER \$100	\$.00 \$.00
_____		2020 \$.000 PER \$100	\$.00 \$.00
_____		MUN LIBRARY RATE: 2019 \$.069 PER \$100	\$.00 \$.00
_____		2020 \$.075 PER \$100	\$.00 \$.00
ASSESSOR(S)		TOTAL DUE COUNTY	\$.00 \$.00
		TOTAL DUE MUNICIPALITY	\$.00 \$.00

SWORN AND SUBSCRIBED BEFORE ME, THIS _____		THIS IS TO CERTIFY THAT THE FOREGOING ADDED ASSESSMENTS LIST	
DAY OF _____, 20____.		IS A TRUE AND COMPLETE RECORD OF THE ADDED TAXES ASSESSED FOR THE	
_____		YEAR 2020, IN THE TAXING DISTRICT OF HILLSIDE TWP ,	
		COUNTY OF UNION ,	
		ATTEST:	
		<u>Chris R. Dwyer</u>	<u>_____ PRESIDENT</u>
		COUNTY TAX ADMINISTRATOR	<u>_____ _____ _____ _____</u>