



Reset Form

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# TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2022	County : NASSAU
Principal Authority : NASSAU COUNTY BCC	Taxing Authority : NASSAU COUNTY BCC
Community Redevelopment Area : Fernandina Beach CRA	Base Year : 2013

**SECTION I : COMPLETED BY PROPERTY APPRAISER**

1.	Current year taxable value in the tax increment area	\$	22,810,810	(1)
2.	Base year taxable value in the tax increment area	\$	10,681,864	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	12,128,946	(3)
4.	Prior year Final taxable value in the tax increment area	\$	20,306,407	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	9,624,543	(5)

<b>SIGN HERE</b>	<b>Property Appraiser Certification</b>	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser : Electronically Certified by Property Appraiser	Date :	6/29/2022 4:42 PM	

**SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.**

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:

6a.	Enter the proportion on which the payment is based.		95.00 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	11,522,499	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	66,964	(6c)

7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:

7a.	Amount of payment to redevelopment trust fund in prior year	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)		0.00 %	(7d)
7e.	Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	0	(7e)

<b>S I G N  H E R E</b>	<b>Taxing Authority Certification</b>	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer :	Date :		
	Title : JEFF GRAY, BOCC CHAIRMAN	Contact Name and Contact Title : CHRIS LACAMBRA, OMB DIRECTOR		
	Mailing Address : 96135 NASSAU PLACE, SUITE 1	Physical Address : 96135 NASSAU PLACE, SUITE 2		
	City, State, Zip : YULEE, FL 32097	Phone Number : 9045306010	Fax Number : 9043215917	