



FOR DOR USE ONLY	
City:	_____
TA:	_____
Levy:	_____

CERTIFICATION OF TAXABLE VALUE

DR-420
R. 06/08

Rule 12DER08-18
Florida Administrative Code
Effective 06/08

Year	2008	County	Broward
Principal Authority	N Broward Hospital District	Taxing Authority	N Broward Hospital District

SECTION I: COMPLETED BY PROPERTY APPRAISER			
1.	Current year taxable value of real property for operating purposes	\$	112,506,497,351 (1)
2.	Current year taxable value of personal property for operating purposes	\$	4,952,483,436 (2)
3.	Current year taxable value of centrally assessed property for operating purposes	\$	29,878,456 (3)
4.	Current year gross taxable value for operating purposes (Line 1 plus Line 2 plus Line 3)	\$	117,488,859,243 (4)
5.	Current year net new taxable value (Add new construction, additions, rehabilitative improvements increasing assessed value by at least 100%, annexations, and tangible personal property value in excess of 115% of the previous year's value. Subtract deletions.)	\$	1,868,591,030 (5)
6.	Current year adjusted taxable value (Line 4 minus Line 5)	\$	115,620,268,213 (6)
7.	Prior year FINAL gross taxable value (From prior year applicable Form DR-403 series)	\$	123,644,504,282 (7)
8.	Enter number of tax increment value worksheets (DR-420TIF) attached (If none, enter 0)		10 (8)
9.	Does the taxing authority levy a voted debt service millage or a millage voted for 2 years or less under s. 9(b), Article VII, State Constitution? (If yes, complete and attach form DR-420 VMA, Voted Millage Addendum.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(9)
10.	For information only: Current year gross taxable value for operating purposes without the impact of Amendment 1.	\$	124,333,193,139 (10)

SIGN HERE	Property Appraiser Certification	
	I certify the taxable values shown above are correct to the best of my knowledge.	
	Signature of Property Appraiser 	Date July 1, 2008

SECTION II: COMPLETED BY TAXING AUTHORITY			
If this portion of the form is not completed in FULL, your authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is inapplicable, enter NA or -0-.			
11.	Prior year operating millage levy	per \$1,000	(11)
12.	Prior year ad valorem proceeds (Line 7 multiplied by Line 11)		(12)
13.	Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value (Sum of either Line 6c or Line 7a for all DR-420TIF forms)		(13)
14.	Adjusted prior year ad valorem proceeds (Line 12 minus Line 13)		(14)
15.	Dedicated increment value, if any (Sum of either Line 6b or Line 7e for all DR-420TIF forms)		(15)
16.	Adjusted current year taxable value (Line 6 minus Line 15)		(16)
17.	Current year rolled-back rate (Line 14 divided by Line 16, multiplied by 1,000)	per \$1,000	(17)

SECTION II: COMPLETED BY TAXING AUTHORITY-CONTINUED FROM PAGE 1

18.	Current year proposed operating millage rate		per \$1,000	(18)
19.	Total taxes to be levied at proposed millage rate (Line 18 multiplied by Line 4, divided by 1,000)			(19)
20.	Check TYPE of principle authority (check one)	<input type="checkbox"/> County <input type="checkbox"/> Municipality	<input type="checkbox"/> Independent Special District <input type="checkbox"/> Water Management District	(20)
21.	Check applicable taxing authority (check one)	<input type="checkbox"/> Principal Authority <input type="checkbox"/> MSTU	<input type="checkbox"/> Dependent Special District <input type="checkbox"/> Water Management District Basin	(21)
22.	Is millage levied in more than one county? (check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(22)

DEPENDENT SPECIAL DISTRICTS AND MSTUs:  STOP HERE-SIGN AND SUBMIT

23.	Enter the total adjusted prior year ad valorem proceeds of the principal authority, all dependent special districts, and MSTUs levying a millage. (The sum of Line 14 from all Form DR-420 forms)			(23)
24.	Current year aggregate rolled-back rate (Line 23 divided by Line 16, multiplied by 1,000)		per \$1,000	(24)
25.	Current year aggregate rolled-back taxes (Line 4 multiplied by Line 24, divided by 1,000)			(25)
26.	Enter total of all operating ad valorem taxes proposed to be levied by the principal taxing authority, all dependent districts, and MSTUs, if any. (Total of Line 19 from all DR-420 forms)			(26)
27.	Current year proposed aggregate millage rate (Line 26 divided by Line 4, multiplied by 1,000)		per \$1,000	(27)
28.	Current year proposed rate as a percent change of rolled-back rate (Line 27 divided by Line 24, minus 1, multiplied by 100.)		%	(28)

First public budget hearing	Date:	Time:	Place:
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SIGN HERE	Taxing Authority Certification		
	I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of Section 200.185 and 200.071 or 200.081, F.S.		
	Signature of Chief Administrative Officer		Date
	Title	Address of Physical Location	
	Mailing Address	Name of Contact Person	
	City, State, ZIP	Phone #	Fax #



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF

R. 06/08

Rule 12DER08-18
Florida Administrative Code
Effective 06/08

Year 2008	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area: Coral Springs CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$129,506,298	(1)
2.	Base year taxable value in the tax increment area	\$66,321,640	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$63,184,658	(3)
4.	Prior year taxable value	\$117,591,000	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$51,269,360	(5)

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	I certify the taxable values shown above are correct to the best of my knowledge.	
	Signature of Property Appraiser <i>Kori Parrish</i>	Date July 1, 2008

SECTION II: To be completed by taxing authority. Please 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.	% (6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year.	(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	(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 11)	per 1,000 (7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c)	% (7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3)	(7e)

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	I certify the calculations, millages, and rates are correct to the best of my knowledge.	
	Signature of Chief Administrative Officer	Date
	Title	Address of Physical Location
	Mailing Address	Name of Contact Person
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TAX INCREMENT ADJUSTMENT WORKSHEET

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Effective 06/08

Year 2008	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area: Davie CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$51,641,450	(1)
2.	Base year taxable value in the tax increment area	\$14,699,838	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$36,941,612	(3)
4.	Prior year taxable value	\$52,459,840	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$37,760,002	(5)

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	I certify the taxable values shown above are correct to the best of my knowledge.	
	Signature of Property Appraiser <i>John Parrish</i>	Date July 1, 2008

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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.		% (6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)		(6b)
6c.	Amount of payment to redevelopment trust fund in prior year.		(6c)
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7a.	Amount of payment to redevelopment trust fund in prior year		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 11)		per 1,000 (7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)		(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c)		% (7d)
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Year 2008	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area: Deerfield Beach CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$407,944,680	(1)
2.	Base year taxable value in the tax increment area	\$110,827,830	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$297,116,850	(3)
4.	Prior year taxable value	\$422,240,180	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$311,412,350	(5)

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	Signature of Property Appraiser <i>Lori Parrish</i>	Date July 1, 2008

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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.		% (6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)		(6b)
6c.	Amount of payment to redevelopment trust fund in prior year.		(6c)
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7a.	Amount of payment to redevelopment trust fund in prior year		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 11)		per 1,000 (7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)		(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c)		% (7d)
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Year 2008	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area: Fort Lauderdale CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$760,770,470	(1)
2.	Base year taxable value in the tax increment area	\$118,537,320	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$642,233,150	(3)
4.	Prior year taxable value	\$641,118,560	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$522,581,240	(5)

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	Signature of Property Appraiser <i>[Signature]</i>	Date July 1, 2008

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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.		% (6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)		(6b)
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7a.	Amount of payment to redevelopment trust fund in prior year		(7a)
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Year 2008	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area: Lauderdale Lakes CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$282,299,821	(1)
2.	Base year taxable value in the tax increment area	\$127,159,990	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$155,139,831	(3)
4.	Prior year taxable value	\$264,445,380	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$137,285,390	(5)

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	Signature of Property Appraiser <i>[Signature]</i>		Date July 1, 2008

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7a.	Amount of payment to redevelopment trust fund in prior year		(7a)
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7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)		(7c)
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Year 2008	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area: Margate CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$804,385,652	(1)
2.	Base year taxable value in the tax increment area	\$306,827,250	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$497,558,402	(3)
4.	Prior year taxable value	\$826,854,820	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$520,027,570	(5)

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	Signature of Property Appraiser <i>Adri Parrish</i>	Date July 1, 2008

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6.	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:		
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R. 06/08**

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Year 2008	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area: Plantation CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$231,594,080	(1)
2.	Base year taxable value in the tax increment area	\$127,670,650	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$103,923,430	(3)
4.	Prior year taxable value	\$225,169,980	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$97,499,330	(5)

SIGN HERE	Property Appraiser Certification	
	I certify the taxable values shown above are correct to the best of my knowledge.	
	Signature of Property Appraiser <i>[Handwritten Signature]</i>	Date July 1, 2008

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Year 2008	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area: Pompano Beach West CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$1,111,868,242	(1)
2.	Base year taxable value in the tax increment area	\$297,388,021	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$814,480,221	(3)
4.	Prior year taxable value	\$1,080,604,390	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$783,216,369	(5)

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Year 2008	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area: Pompano Beach East CRA	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$290,380,060	(1)
2.	Base year taxable value in the tax increment area	\$136,427,940	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$153,952,120	(3)
4.	Prior year taxable value	\$307,297,400	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$170,869,460	(5)

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	Signature of Property Appraiser <i>[Signature]</i>	Date July 1, 2008

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Year 2008	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area: Progresso	

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$915,600,830	(1)
2.	Base year taxable value in the tax increment area	\$208,260,650	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$707,340,180	(3)
4.	Prior year taxable value	\$825,341,930	(4)
5.	Prior Year tax increment value (Line 4 minus Line 2)	\$617,081,280	(5)

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	Signature of Property Appraiser <i>Jeri Parrish</i>	Date July 1, 2008

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6a.	Enter the proportion on which the payment is based.	% (6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a)	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year.	(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	(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 11)	per 1,000 (7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c)	% (7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3)	(7e)

SIGN HERE	Taxing Authority Certification		
	I certify the calculations, millages, and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer		Date
	Title	Address of Physical Location	
	Mailing Address	Name of Contact Person	
	City, State, ZIP	Phone #	Fax #