FISCAL ESTIMATE FORM			01 Session
	LRB# 01-1237		
☑ ORIGINAL ☐ UPDATED	INTRODUCTION # SB 7		
☐ CORRECTED ☐ SUPPLEMENTAL	Admin. Rule #		
Subject			
Extension of Filing Deadline for Tax Incre	emental Finance Fo	orms	
State: No State Fiscal Effect			
Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation		│ Increase Costs - May be Possible to Absorb  Within Agency's Budget ☑ Yes ☐ No	
☐ Increase Existing Appropriation ☐ Increase Existing Revenues			
Decrease Existing Appropriation Decrease Existing Revenues			
Create New Appropriation		☐ Decrease Costs	
Local: No Local Government Costs	_		
1. ☐ Increase Costs 3. ☒ Increase		5. Types of Local Governm	
	ssive Mandatory	☐ Towns ☐ Villages ☐ Citles	
2. Decrease Costs 4. Decrease		☐ Counties ☑ Others <u>City of Tomah</u>	
	ssive Mandatory School Districts WTCS Distri		WTCS Districts
Fund Sources Affected	Affected Ch. 20	Appropriations	
☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG	-S		
Assumptions Used in Arriving at Fiscal Estimate:	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
is created. DOR uses the forms and application Subsequent improvements and development in Taxes levied on the value increments, i.e. the pay the TID's project costs.  The bill extends the December 31 deadline for February 1999. Under the bill, if the municipal required to certify the TID's base value as if the DOR would certify a 1999 base value for the Tibefore 2001.  The bill would affect TID #6 created by the Citivalue due to late filing. Under current law, any DOR's base year certification would be included increments. With a 1999 base year allowed upon the time to the time time to the time to the time time time to the time time time time time time time tim	in the TID lead to in current equalized of filing forms with Elity filed the require the forms had been TID. Under the bill by of Tomah in 1990, improvements are and in the base value.	ncreases in its value of value minus the base DOR for a municipality ed forms by May 31, 2 filed by December 31, DOR would not certified by but was not certified and development that of eand would thus not extend the sould the	that created a TID in 000, DOR would be 1999. As a result, y a value increment with a 1999 base occurred prior to generate tax
in the TID project in 1999 after its creation work tax increments.  The bill would require DOR to certify the base absorbed.			· · · · · · · · · · · · · · · · · · ·
absorbed.			
Long-Range Fiscal Implications:			
		•	
			•
Agency/Prepared by: (Name & Phone No.) Author	ized Signature/Telephor	ne No.	Date
	Eng Braun	0 4	1/19/00
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FISCAL ESTIMATE W	ORKSHEET	Detailed Estimate of Annu	al Fiscal Effect	2001 Session		
☐ ORIGINAL ☐	] UPDATED	LRB # 01-1237/1		Admin. Rule #		
CORRECTED [	SUPPLEMENTAL	INTRODUCTION # SB	7			
Subject Extension of Filing Deadline for Tax Incremental Finance Forms						
I. One-Time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):						
II. Annualized Costs:		Annualized Fiscal impact on State funds from:				
		<u> </u>	Increased Costs	Decreased Costs		
A. State Costs by Category State Operations - Salaries a	and Fringe		\$	\$		
(FTE Position Changes)			( FTE)	(- FTE)		
State Operations-Other Cos	sts		·	-		
Local Assistance				-		
Aids to Individuals or Organ	nizations	-		-		
TOTAL State Costs by	y Category		\$	\$ -		
B. State Costs by Source of F			Increased Costs	Decreased Costs		
GPR			\$	\$ -		
FED				-		
PRO/PRS				-		
SEG/SEG-S				-		
III. State Revenues - Complet	te this only when propose	al will increase or decrease state rease in license fee, etc.)	Increased Rev.	Decreased Rev.		
·	to forgi, and more does	, , , , , , , , , , , , , , , , , , , ,				
GPR Taxes			\$	\$ -		
GPR Earned				-		
FED						
PRO/PRS						
SEG/SEG-S		the state of the s				
TOTAL State Revenu	ies		\$	\$ -		
NET ANNUALIZED FISCAL IMPACT						
		<u>STATE</u>	<b>c</b>	LOCAL		
NET CHANGE IN COSTS	_	\$	\$ See text of fis	cal note		
NET CHANGE IN REVENUES	<b>)</b>	\$	φ See text Of its	oai note.		
Accessed by Alexander	2 Phone No \	Authorized Signature/Telephone	e No.	Date		
Agency/Prepared by: (Name				1/19/00		
Wisconsin Department of Re		years cyronia				
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