



2025 Property Tax Levy Report

COMPLETE AND EMAIL TO: PropTax.Admin@state.mn.us

Name of Governmental Unit

Name of Person Filling out Form

Official City Email Address (example: city@ci.cityville.mn.us)

Telephone

- | | |
|--|----------|
| 1. Bonded Indebtedness (Net Tax Capacity Based) | \$ _____ |
| 2. Certificates of Indebtedness | \$ _____ |
| 3. Payments for Bonds of Another Local Unit of Government | \$ _____ |
| 4. Principal and Interest on Armory Bonds | \$ _____ |
| 5. Market Value Based Referendum Levies | \$ _____ |
| 6. Increases in Matching Fund Requirements for State or Federal Grants | \$ _____ |
| 7. Preparing for or Repairing the Effects of Natural Disasters | \$ _____ |
| 8. Correction for an Error in the Final Levy Certified to the County Auditor in the Preceding Year | \$ _____ |
| 9. Levies for Economic Development Tax Abatements under M.S. 469.1815 | \$ _____ |
| 10. PERA Employer Contribution Rate Increases | \$ _____ |
| 11. Operating or Maintenance Costs of a County Jail or Correctional Facility* | \$ _____ |
| 12. Operation of a Lake Improvement District | \$ _____ |
| 13. Repayment of a State or Federal Loan Related to a State or Federal Transportation or Other Capital Project | \$ _____ |

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|---|----------|
| 14. Levy for Storm Sewer Improvement District Costs under M.S. 444.20 | \$ _____ |
| 15. Costs for the Maintenance and Support of Society for the Prevention of Cruelty to Animals under M.S. 343.11 | \$ _____ |
| 16. Health and Human Service Costs Due to Reduction in Federal Grants* | \$ _____ |
| 17. Foreclosed or Abandoned Residential Property Costs | \$ _____ |
| 18. Wages and Benefits of Sheriff, Police, and Fire Personnel | \$ _____ |
| 19. Half the Costs of Confining Sex Offenders Undergoing the Civil Commitment Process* | \$ _____ |
| 20. County Human Service Costs* | \$ _____ |
| 21. Levy for All Other Purposes Not Listed Above | \$ _____ |
| 22. Total Payable 2025 Certified Levy (Sum of Lines 1 to 21) | \$ _____ |

* Applies only to county governments

I, the budget officer of the above-named county or city, certify that the foregoing figures are accurate to best of my knowledge.

_____	_____	_____
SIGNATURE OF BUDGET REPRESENTATIVE	TITLE	DATE

Note: Please return the completed form to the Department of Revenue by December 30, 2024.