Wells County Ordinance No. 2018 - 03

20 2 2 .

(County Name)			
BE IT ORDAINED by the (Adoption (Adoption)	(ouncil of	Wells	
		(County Name)	
County, Indiana that a need now exists to modify the local income tax rates imposed within the			
county in the following way:			
Local Income Tax Type	Existing Rate	Proposed Rate	
Property Tax Relief Rate (IC 6-3.6-5)	. 4000%-	,3000%-	
Expenditure Rate (IC 6-3.6-6)	, 4000%- 1.7000%-	1.800070	
Special Purpose Rate ()	•		
insert applicable Indiana Code statute			
FOR LEVY FREEZE COUNTIES ONLY			
TOR DEVI TREEZE COUNTIES ONE			
The expenditure rate identified above include	les a rate associated with a	evy freeze rate previously	
The expenditure rate identified above includes a rate associated with a levy freeze rate previously imposed under the former local income tax statutes. The levy freeze rate after adoption of this			
ordinance is as follows:			
ordinance is as follows.			
Local Income Tax Type	Existing Rate	Proposed Data	
Levy Freeze Rate	. 4000 %-	Proposed Rate	
Levy Freeze Rate	, 4000 70	, 9000 / 0	
FOR COUNTIES DIRECTING A PORTION OF PUBLIC SAFETY REVENUE TO PSAP The expenditure rate identified above includes a rate associated with revenue to be directed to			
the county's public safety access point ("PSAP"). The expenditure rate being directed to the			
PSAP after adoption of this ordinance is as follows:			
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Local Income Tax Type	Existing Rate	Proposed Rate	
Public Safety Access Point Rate		2100000	
The local income tax rates proposed above will become effective on October 1, 2018.			
OPTIONAL			
The local income toy rates proposed above			
The local income tax rates proposed above	will remain in effect until		

20180770 MISCELLANE \$0.00 03/07/2018 11:30:00A 2 PGS Carolyn C Bertsch Wells County Recorder IN Recorded as Presented

BE IT FURTHER ORDAINED that a publitax rate modifications on March 6, 20 provided pursuant to IC 5-3-1.	ic hearing was held on the proposed local income 01§. Proper notice of the public hearing was
Duly adopted by the following vote of the median day of March, 2018.	embers of said <u>(Ounty (Ounci)</u> this (Adopting Body)
AYE	NAY
SCRU	
June June	
Check King	
Attest: Beth Davis	. Fiscal Officer

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I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.