A. **Prior year tax rate ceiling** as defined in Chapter 137, RSMo, revised if the prior year data changed or a voluntary reduction was taken in a non-reassessment year (Prior year Summary Page, Line F minus Line H in odd numbered year or prior year Summary Page, Line F in even numbered year).

B. **Current year rate computed** pursuant to Article X, Section 22, of the Missouri Constitution and Section 137.073, RSMo, if no voter approved increase (Form A, Line 22).

C. **Amount of rate increase authorized by voters** if same purpose (Form B, Line 8)

   **OR**

   Increase to the total operating levy up to $2.75 per Amendment 2, if applicable.

   Date the School Board decided to use Amendment 2 (if using)

D. **Rate to compare to maximum authorized levy to determine tax rate ceiling**
   (Line B if no election, otherwise Line C)

E. **Maximum authorized levy** greater of the 1984 rate or most recent voter approved rate

F. **Current year tax rate ceiling** maximum legal rate to comply with Missouri laws
   Political subdivisions tax rate (Lower of Line D or E)

G1. **Less required Proposition C (sales tax) reduction** taken from tax rate ceiling (Line F), if applicable
   Circle the type of waiver your district has Full Partial No
   Attach a copy of the DESE Prop C Reduction Worksheet if there is no waiver.

G2. **Less 20% required reduction 1st class charter county school district NOT submitting an estimated non-binding tax rate to the county(ies)** taken from tax rate ceiling (Line F)

H. **Less voluntary reduction by school district** taken from tax rate ceiling (Line F)
   WARNING: A voluntary reduction taken in an even numbered year will lower the tax rate ceiling for the following year.

I. **Plus allowable recoupment rate** added to the tax rate ceiling (Line F) If applicable, attach Form G or H.

J. **Tax rate to be levied** (Line F - Line G1 - Line G2 - Line H + Line I)

   **AA. Rate to be levied for debt service**, if applicable (Form C, Line 12)

   **BB. Additional special purpose rate authorized by voters** after the prior year tax rates were set (Form B, Line 8 if a different purpose)

**Certification**

I, the undersigned, (Office) of (School District) levying a rate in (County(ies)) do hereby certify that the data set forth above and on the accompanying forms is true and accurate to the best of my knowledge and belief. Please complete Line G through BB, sign this form, and return to the county clerk(s) for final certification.

(Date) (Signature) (Print Name) (Telephone)

Proposed rate to be entered on tax books by the county clerk

Based on the certification from the political subdivision: Lines J AA BB

Section 137.073.7 RSMo, states that no tax rate shall be extended on the tax rolls by the county clerk unless the political subdivision has complied with the foregoing provisions of this section.

(Date) (County Clerk's Signature) (County) (Telephone)