

## State of Wisconsin • DEPARTMENT OF REVENUE

DIVISION OF STATE AND LOCAL FINANCE . OFFICE OF TECHNICAL & ASSESSMENT SERVICES . MADISON, WI

ADDRESS MAIL TO: 2135 Rimrock Road, MS 6-97 PO Box 8971 Madison WI 53708-8971

TELEPHONE: (608) 266-2149 FAX: (608) 264-6897 EMAIL: <u>tif@revenue.wi.gov</u>

## FINAL ACCOUNTING FOR TERMINATED TAX INCREMENTAL DISTRICT

WHEREAS,	City	of	La	Crosse	_, <u>La</u>	Crosse	County has terminated
by municipal	resolution,	TID No.	4	on 6-11-	15 Notice	was received	by Department of Revenue
(DOR) on _	5-11-	15, as	pres	scribed in 66.1105	(8)(a), required	within 60 days	s of the resolution.
					•	_	e on a date by which the of the following information
		•		ental district:	indea by the ac	oaranon, an e	Tule lenewing information
1 A fir	al accounti	ing of all ex	nend	itures made by th	e city/village		
	A final accounting of all expenditures made by the city/village.  The total amount of project costs incurred by the city/village.						
	The total amount of positive tax increments received by the city/village.						
				ts, if any, not paid terminated.	tor with tax inc	rements that t	become obligations of the
Wis. State Stats. 66.1105(8)(d) clarifies that <b>if a city or village does not send</b> to the DOR the completed final accounting form within the agreed time frame, the <b>DOR may not certify or redetermine</b> the tax incremental base of any tax incremental districts until the form is received by the department.							
Final accounting for TID No. 4 shall be submitted to the DOR, Office of Technical & Assessment Services,							
Tax Increme	ntal Financ	e on	1	2-11-15	, (6 mos. fr	om termination	n resolution date).
Within 60 days of the resolution, please complete the bottom portion of this letter acknowledging date and mail to:							
Tax Incremental Finance, MS 6-97							
PO Box 8971							
			Ma	dison Wi 53708-	-8971		
	•			•		-	date stated above, please s can be made for your
Wisconsin	Departmen	t of Revenu	ie		City) Villag	e Clerk	4.1.
By: PE-223 (R. 4-13)	(Signature of	Revenue Rep	resen	tative)	Ву:	(Signature of M	unidpal Representative)