

FISCAL NOTE

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Bill/Resolution No.: HB 1025

Amendment to: _____

Requested by Legislative Council

Date of Request: 1-2-97

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative:

Section 7 of HB 1025 removes the sunset provisions on oil extraction tax distribution making permanent the distribution temporarily put in place by the 1995 Legislative Assembly. The impact of Section 7 of HB 1025 is a reduction in State General Fund revenues of \$ 3.9M for the 97-99 biennium, and a corresponding increase of \$ 3.9M in the sinking fund. (This fiscal note addresses only Section 7 of HB 1025).

2. State fiscal effect in dollar amounts:

| | <u>1995-97 Biennium</u> | | <u>1997-99 Biennium</u> | | <u>1999-2001 Biennium</u> | |
|-----------|-----------------------------|--------------------------|-----------------------------|--------------------------|-------------------------------|--------------------------|
| | <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> | <u>General Fund</u> | <u>Special Funds</u> |
| Revenues: | | | Approx. - 3.9M | Approx. + 3.9M | | |

Expenditures:

3. What, if any, is the effect of this measure on the appropriation for your agency or department:

a. For rest of 1995-97 biennium: _____

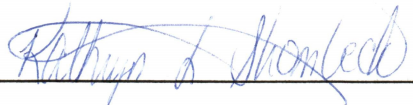
b. For the 1997-99 biennium: _____

c. For the 1999-2001 biennium: _____

4. County, City, and School District fiscal effect in dollar amounts:

| <u>1995-97 Biennium</u> | | | <u>1997-99 Biennium</u> | | | <u>1999-2001 Biennium</u> | | |
|-----------------------------|---------------|-----------------------------|-----------------------------|---------------|-----------------------------|-------------------------------|---------------|-----------------------------|
| <u>Counties</u> | <u>Cities</u> | <u>School Districts</u> | <u>Counties</u> | <u>Cities</u> | <u>School Districts</u> | <u>Counties</u> | <u>Cities</u> | <u>School Districts</u> |
| | | | | | | | | |

If additional space is needed, attach a supplemental sheet.

Signed 

Typed Name Kathryn L. Strombeck

Department Tax

Date Prepared: 1-6-97

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