FISCAL NOTE

| (Return original and | d 10 copies) | | | | | | |
|--|---|--|--|---|--|--|--|
| Bill/Resolution No.: HB 1467 | | | Amendment to: | | | | |
| Requested by Legislative Council | | | Date | e of Request: 1-22-97 | | | |
| Please estimate funds, counties, citi | | | amounts) o | f the above me | easure for state | e general or special | |
| Narrative: HB 1467, if enacted, per tax beginning in the year coal severance tax. Our provisions of HB 1467: U | following any year in investigation indicated | which more that es that three fac | an ten percent cilities located | of the coal consultin Mercer County | med is not subject | on to the coal conversion ed to the North Dakota of being subject to the | |
| that was not included in | operty tax levy by the the base year. If all ion taxable value. A | amount of tax th three facilities w | nat would have ould become | e been paid by a pr subject to property | roperty that is adde tax under HB 146 | ed to the assessment rolls | |
| The State Medical Center levies one mill on all taxable property in the state by constitutional provision. | | | | | | | |
| 2. <u>State</u> fiscal effect in dollar amounts: | | | | | | | |
| Revenues: | 1995-97 <u>Biennium</u> General Spe <u>Fund Fur</u> | ecial <u>ds</u> | 199 <u>Bien</u> General <u>Fund</u> | Special Funds 0 | | -2001 <u>nium</u> Special <u>Funds</u> 0 | |
| Expenditures: | | | | To \$17,300 | | To \$17,300 | |
| 3. What, if any, is t | he effect of this | measure on | the approp | oriation for you | r agency or de | partment: | |
| a. For rest of 1995-97 biennium: | | | | | | | |
| b. For the 1997-99 biennium: | | | | | | | |
| c. For the 1999 | 9-2001 bienniun | ı: | | | | | |
| 4. County, City, an | d School Distric | fiscal effec | t in dollar a | ımounts: | | | |
| 1995-97 <u>Biennium</u> School | | | 1997-99 Biennium | | 1999-2001 <u>Biennium</u> School | | |
| <u>Counties</u> <u>Cities</u> | | Counties 0 To | <u>Cities</u> | School <u>Districts</u> 0 To \$3.9M | Counties 0 To | <u>Cities</u> <u>Districts</u> 0 To | |
| \$1.6M If additional space is needed, attach a supplemental sheet. | | \$3.9M \$1.6M \$3.9M Signed <u>Sathaya</u> Swomblek a | | | | | |
| Date Prepared: 1-31-97 | | | Department Tax | | | | |
| | | | | Phone Number 328-3402 | | | |