

TAX LEVY ORDINANCE

TOWNSHIP

ORDINANCE No. ____

An ordinance levying taxes for all town purposes for _____ Township,
_____ County, Illinois, for the tax year 201__, collectable in 201__.

BE IT ORDAINED by the Board of Trustees of _____ Township,
_____ County, Illinois, as follows:

SECTION 1: That the sum of _____
_____ Dollars (\$ _____) are hereby levied upon all
property subject to taxation within the Township as that property is assessed and equalized, in order to
meet and defray all the necessary expenses and liabilities of the Township as required by statute or
voted by the people in accordance with the law, for such purposes as:

_____, _____
_____, _____
_____, _____
_____, _____

for the year 201__.

SECTION 2: That the amount levied for each object and purpose shall be as follows:

**Amount
Levied**

GENERAL TOWN FUND

ADMINISTRATION

Personnel _____
Contractual Services _____
Commodities _____
Capital Outlay _____
Other Expenditures _____

TOTAL ADMINISTRATION: _____

ASSESSOR

Personnel _____
Contractual Services _____
Commodities _____
Capital Outlay _____
Other Expenditures _____

TOTAL ASSESSOR: _____

CEMETERY

Personnel _____
Contractual Services _____
Commodities _____
Capital Outlay _____
Other Expenditures _____

TOTAL CEMETERY: _____

Personnel _____
Contractual Services _____
Commodities _____
Capital Outlay _____
Other Expenditures _____

TOTAL _____: _____

TOTAL GENERAL TOWN FUND: _____

REF: General Corporate Tax 60 ILCS 1/235-10

**Amount
Levied**

AUDIT FUND

Contractual Services _____

TOTAL AUDIT FUND: _____

REF: Audit Tax 50 ILCS 310/9

INSURANCE FUND

Personnel _____

Contractual Services _____

TOTAL INSURANCE FUND: _____

REF: Insurance Tax 745 ILCS 10/9-107

ILLINOIS MUNICIPAL RETIREMENT FUND (IMRF)

Personnel _____

TOTAL IMRF FUND: _____

REF: IMRF Tax 40 ILCS 5/7-171

SOCIAL SECURITY FUND

Personnel _____

TOTAL SOCIAL SECURITY FUND: _____

REF: Social Security Tax 40 ILCS 5/21-110 & 110.1

CEMETERY FUND

Personnel _____

Contractual Services _____

Commodities _____

Capital Outlay _____

Other Expenditures _____

TOTAL CEMETERY FUND: _____

REF: Cemetery Tax 50 ILCS 610c & 60 ILCS 1/135-50

**Amount
Levied**

GENERAL ASSISTANCE FUND

ADMINISTRATION

Personnel	_____
Contractual Services	_____
Commodities	_____
Capital Outlay	_____
Other Expenditures	_____
TOTAL ADMINISTRATION:	_____

HOME RELIEF

Commodities	_____
Capital Outlay	_____
Other Expenditures	_____
TOTAL HOME RELIEF:	_____
TOTAL GENERAL ASSISTANCE FUND:	_____

REF: Public Assistance Tax 60 ILCS 1/235-20

_____ **FUND**

Personnel	_____
Contractual Services	_____
Commodities	_____
Capital Outlay	_____
Other Expenditures	_____
TOTAL _____ FUND:	_____
TOTAL GENERAL TOWN FUND:	_____

REF: _____ Tax _____ ILCS _____

TAX LEVY SUMMARY

General Corporate tax	_____
Audit Tax	_____
Insurance Tax	_____
Illinois Municipal Retirement Tax	_____
Social Security Tax	_____
Public Assistance Tax	_____
Cemetery Tax	_____
_____ Tax	_____
TOTAL TAXES LEVIED:	_____

SECTION 3: That the Town Clerk shall make and file with the County Clerk of said County of _____, on or before the last Tuesday of December, a duly certified copy of this ordinance.

SECTION 4: That if any section, subdivision, or sentence of this ordinance shall for any reason be held invalid or to be unconstitutional, such finding shall not affect the validity of the remaining portion of this ordinance.

SECTION 5: That this ordinance shall be in full force and effect after its adoption, as provided by law.

ADOPTED this _____ day of _____, 201__, pursuant to a roll call vote by the Board of Trustees of _____ Township, _____ County, Illinois.

<u>BOARD OF TRUSTEES</u>	<u>AYE</u>	<u>NAY</u>	<u>ABSENT</u>
_____	---	---	---
_____	---	---	---
_____	---	---	---
_____	---	---	---
_____	---	---	---

Town Clerk

Chairman – Board of Trustees

CERTIFICATION OF TAX LEVY ORDINANCE

TOWNSHIP

The undersigned, duly elected, qualified and acting Clerk of _____
Township, _____ County, Illinois, does hereby certify that the
attached hereto is a true and correct copy of the Tax Levy Ordinance of said Township for the year
201__, as adopted this ____ day of _____, 201__.

This certification is made and filed pursuant to the requirements of (60 ILCS 1/75-20) and on
behalf of _____ Township, _____ County,
Illinois. This certification must be filed by the last Tuesday in December.

Dated this ____ day of _____, 201__

Town Clerk

Filed this ____ day of _____, 201__

County Clerk