Prescribed by the
State Board of Accounts

County Form
No. 22 (Rev 1970)

# COUNTY AUDITOR'S CERTIFICATE OF TAX DISTRIBUTION

C.A.G.I.T.

GOSHEN, Indiana, July 20, 2015

PREPARE FOUR COPIES:
1. Taxing Unit
2. County Treasurer
3. County Auditor
4. DLGF/STB

I, hereby certify that I have this day issued Warrant No. _____ on the Treasurer of ELKHART County, Indiana, in favor of #0007 HARRISON TOWNSHIP TRUSTEE

who is _____ of _____

in the sum of _____ $ 4,415.41 _____ Dollars

On account of taxes due said governmental unit as follows:

COUNTY ADJUSTED GROSS INCOME TAX DISTRIBUTION

| NAME OF FUND<br>DLGF #'S | TAXES | | | | | DEDUCTIONS | | | NET TOTAL DISTRIBUTION |
|---|---|---|---|---|---|---|---|---|---|
| | General Property | | Certified Shares | P.T.R.C. | TOTAL | Advances | Exam. of Records | | |
| 0101 Township | | | 3,595.33 | 820.08 | 4,415.41 | | | | 4,415.41 |
| 0840 Township Assistance | | | | | | | | | |
| 1181 Fire Bldg Debt | | | | | | | | | |
| 1111 Fire | | | | | | | | | |
| 1312 Recreation | | | | | | | | | |
| 1401 Ambulance/EMS- Civil | | | | | | | | | |
| 1101 Ambulance/EMS- Fire | | | | | | | | | |
| 1190 Cum Fire (Twp) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Totals | | | 3,595.33 | 820.08 | 4,415.41 | | | | 4,415.41 |

7/1/15
C:\Bev\SpSheets\Fm22\CAGIT\2015\July\15 Twp Har.xls

Please check your Form 2 from your 2015 approved budget for proper fund allocation for your Certified Shares.

Pauline E. Groff
County Auditor