



OHIO TAX INCREMENT FINANCING (TIF) PROGRAMS  
2020 ANNUAL STATUS REPORT WORKSHEET

1 and 2. Name of Local Jurisdiction and County: \_\_\_\_\_

3. Jurisdiction that created the TIF (circle one): County Municipal Township

4. TIF type (circle one): Parcel TIF Incentive District TIF

5. Date Created (mm/dd/yy): \_\_\_\_\_

6. Identify Affected School District(s): \_\_\_\_\_

7. Project Information/Name: \_\_\_\_\_

8. Type of Project: \_\_\_\_\_ (C=Commercial, I=Industrial, M=Mixed Use, R=Residential)

9. Type of Public Improvements: \_\_\_\_\_

10. Exemption %: \_\_\_\_\_ Exemption Term: \_\_\_\_\_

11. Project Investment:	Real Property	Personal Property (if applicable)
Projected (at time of legislation)	_____	_____
Actual (as of 12/31/2020)	_____	_____

12. Employment Information:	Retained	Created
Projected (at time of legislation)	_____	_____
Actual (as of 12/31/2020)	_____	_____

13. Dollar amount of service payments deposited into the TIF's tax increment equivalent fund:

    In Calendar Year 2020 \_\_\_\_\_

    Cumulative (through 12/31/2020) \_\_\_\_\_ Year first payment made \_\_\_\_\_

14. Expenditures of money from the tax increment equivalent fund for the public infrastructure associated with the TIF

    In Calendar Year 2020 \_\_\_\_\_

    Cumulative (through 12/31/2020) \_\_\_\_\_ Year first expense paid \_\_\_\_\_

15. Date of most recent Tax Incentive Review Council (TIRC): \_\_\_\_\_

16. TIRC recommendation (e.g.: compliance, non-compliance, etc.): \_\_\_\_\_

I hereby represent and certify that the forgoing information, to the best of my knowledge, is true, complete, and accurately describes the status of the TIF project as of December 31, 2020.

_____ Signature of Authorized Representative	_____ Title	_____ Date
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Printed name of Authorized Representative

\*Retain paper copy of worksheet.