

This form is to be completed and submitted through the Indiana Gateway for Government Units at <https://gateway.ifionline.org/login.aspx>.

Prescribed by the Department of Local Government Finance  
 Approved by the State Board of Accounts

Budget Form No. 2 (Rev. 2011)

**ESTIMATE OF MISCELLANEOUS REVENUES**

Selected Year: \_\_\_\_\_  
 Selected County: \_\_\_\_\_  
 Selected Unit: \_\_\_\_\_  
 Selected Fund: \_\_\_\_\_

**TAXES AND INTERGOVERNMENTAL REVENUE**

Revenue Code	Description	July 1 to Dec 31, 20xx	Jan 1 to Dec 31, 20xx

*Other Taxes Totals*

**LICENSES AND PERMITS**

Revenue Code	Description	July 1 to Dec 31, 20xx	Jan 1 to Dec 31, 20xx

*Licenses and Permits Totals*

**CHARGES FOR SERVICES**

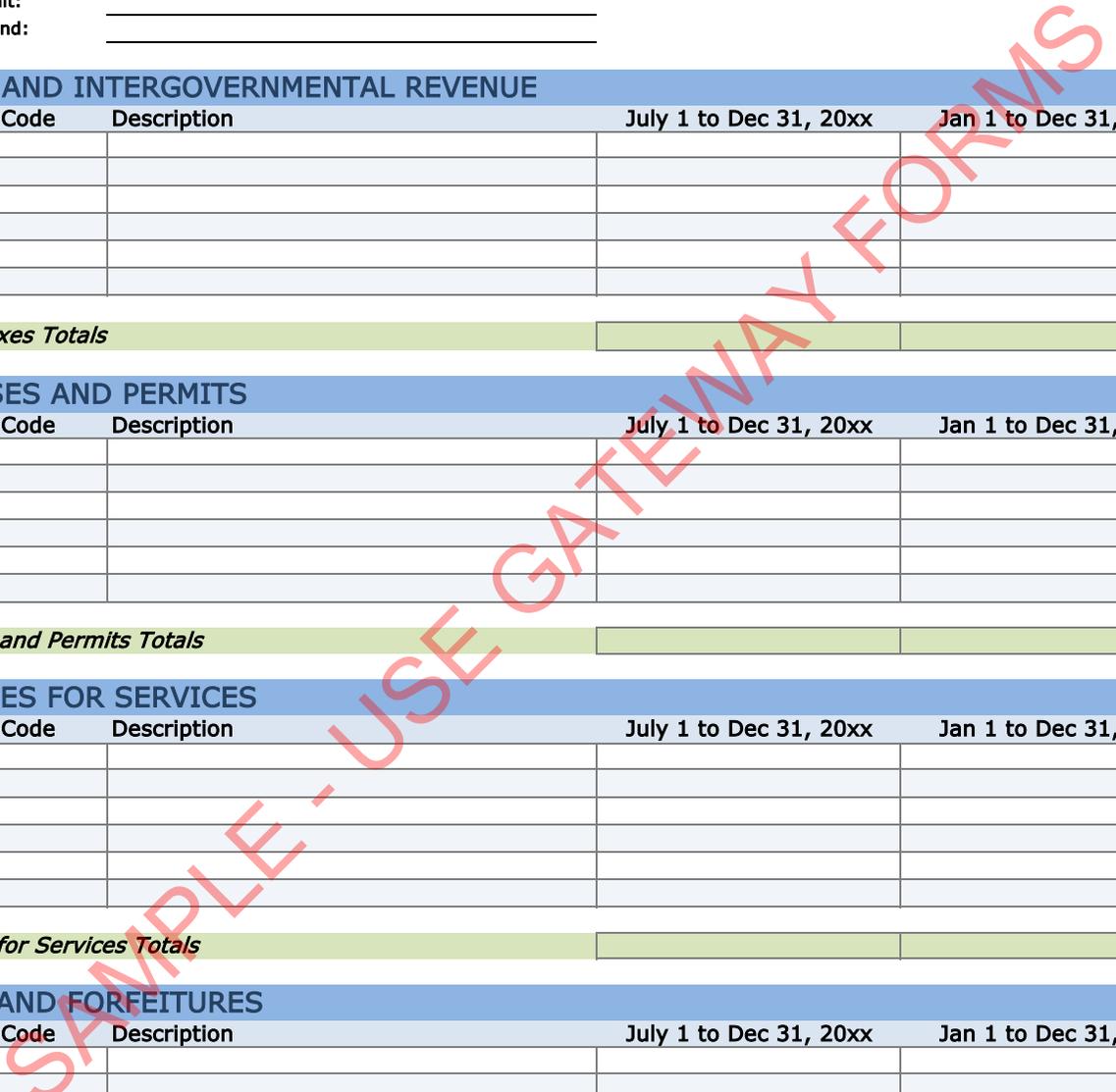
Revenue Code	Description	July 1 to Dec 31, 20xx	Jan 1 to Dec 31, 20xx

*Charges for Services Totals*

**FINES AND FORFEITURES**

Revenue Code	Description	July 1 to Dec 31, 20xx	Jan 1 to Dec 31, 20xx

*Fines and Forfeitures Totals*



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### OTHER REVENUE

Revenue Code	Description	July 1 to Dec 31, 20xx	Jan 1 to Dec 31, 20xx
<b>Other Revenue Totals</b>			
<b>9999 Total Cols. A &amp; B</b>			

Name:

Title:

PIN:

Date:

I hereby acknowledge that the submission of this document through the Gateway password and PIN system constitutes an "electronic signature" as defined in IC 5-24-2-2. This submission is intended to, and hereby does, constitute authentication and approval of the submitted document as required by the Indiana Code. I understand that this electronic signature takes the place of my handwritten signature and accomplishes the same purposes as would my handwritten signature in the same circumstance. I further acknowledge that this electronic signature has the same force and effect as my handwritten signature and can and will be used for all lawful purposes. I affirm that I have the real and apparent authority to electronically sign and submit this document on behalf of the unit.

SAMPLE - USE GATEWAY FORMS