This form is to be completed and submitted through the Indiana Gateway for Government Units at www.stats.indiana.edu/govtgateway.

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: _____

0840 Township Assistance

SPECIAL TAXES

Revenue Code	Description	July 1 to Dec 31, 20xx	Jan 1 to Dec 31, 20xx
0201	Financial Institutions Tax		
0202	License Excise Tax		
0203	CAGIT Certified Shares		
0204	CAGIT Property Tax Replacement Credit		
0212	County Option Income Tax (COIT)		
0217	CVET Commercial Vehicle Excise Tax		
Special Taxes Totals			

ALL OTHER REVENUES

Revenue Code	Description	July 1 to Dec 31, 20xx	Jan 1 to Dec 31, 20xx
6100	Interest		
All Other Revenues Totals			

9999 Total Cols. A & 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