



SUPPLEMENTALS – AUDITOR

DATA VERIFICATION

Date _____

County Name _____

Data being submitted _____ Vehicles
_____ Real and Other Personal
_____ Delinquent Taxes

Supplementals from ___/___/___ to ___/___/___

These totals should come from the Auditor's activity log for the time period indicated and should agree with your daily and monthly supplemental totals. Please enclose a copy of the Auditor's activity log – **totals only**. Run according to the instructions in this packet to assist PUBLIQ with balancing to your totals.

NUMBER OF RECORDS _____

ASSESSMENT _____

COUNTY:

TAX _____

HMSTD EXEMPT _____

LOST CREDIT _____

IND ABATEMT _____

LR EXEMPT _____

COUNTY NET _____

FEES _____

CITY:

TAX _____

HMSTD EXEMPT _____

LOST CREDIT _____

CITY NET _____

NOTES _____

*The above figures represent the collections for the period indicated.

COUNTY AUDITOR **DATE**