***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | |  | | | | | | **Meeting Date:** | | | | **June 6, 2023** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Jennifer Taylor / Treasurer-Tax Collector** | | | | | | | | | | **Phone:** | | | **(530) 842-8346** | |
| **Address:** | | | | | **311 4th Street Room 104, Yreka CA 96097** | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Jennifer Taylor / Treasurer-Tax Collector** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approval of Discharge of Accountability of Unsecured Delinquent Tax Accounts per California Revenue & Taxation Code Section 2611.1  Year after year our office maintains an unsecured tax delinquency rate that is well below the State average, but as with any business, there are accounts that become uncollectable. The attached list of 68 unsecured delinquent accounts, totaling $26,101.32, have been deemed uncollectable by the Tax Collector. By keeping these accounts active, we are overestimating the amount of unsecured delinquent taxes that are truly collectable for budget purposes. However, please keep in mind that even though the Tax Collector's Office will not actively pursue the collection of these accounts, the liens stay in place and the tax liabilities remain outstanding. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | Unknown | | | | |  |  | | |  | | |  | | | | | | | | | |
| Fund: | | | | | | 1001 | | | | |  | Description: | | | General Fund | | | Org.: | | | 102030 | | Description: | | | Treas-Tax Coll. | |
| Account: | | | | | | 722000 | | | | |  | Description: | | | Office Supplies | | |  | | | | | | | | | |
| Activity Code: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | We actually incur savings in supplies, postage, and labor as our tax system no longer autm | | | | | | | | | | | | | | | | | | |
| automatically produces notices that we know will not be received and/or are highly unlikely to be paid. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorize the Discharge of Accountability of the attached list of 68 Unsecured Delinquent accounts in the amount of $26,101.32 per California Revenue & Taxation Code Section 2611.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | *Certified Minute Order(s)* | | | | | Yes | | | *Quantity:* | | 2 |
| Auditor | | | | | | |  | | | | | | | | |  |  | | | | |  | | |  | |  |
|  | | | | | | |  | | | | | | | | |  |  | | | | |  | | |  | | |
| Personnel | | | | | | |  | | | | | | | | |  | *Other:* | | Sign & return 2 original copies of the Request to | | | | | | | | |
| CAO | | | | | | |  | | | | | | | | |  | Discharge form (attached) | | | | | | | | | | |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 8/26/19