## RESOLUTION No. 2024-33

A RESOLUTION providing for and the making of the Annual Tax Levy for the Franklin-Williamson Bi-County Health Department of Franklin and Williamson Counties, Illinois for the fiscal year beginning December 1, 2024 and ending November 30, 2025, for the uses and purposes as hereinafter set forth.

NOW THEREFORE BE and it is hereby resolved by the County Board of Franklin County, Illinois, that the amounts hereinafter set forth, or so much thereof as may be authorized by law, and the same is hereby levied for such purposes as Multiple County Health Department, for the fiscal year of the said FRANKLIN-WILLIAMSON BI-COUNTY HEALTH DEPARTMENT, Illinois, beginning the 1st day of December, 2024 and ending the 30th day of November, 2025.

The amount levied for each object and purpose is as follows:

Salaries \$110,256 Insurance (Employee Hospitalization) \$66,569

IT IS FURTHER RESOLVED that the following amounts are to be levied by the County Board of Franklin County, Illinois for the following purposes in addition to the Multiple County Health Tax Levy:

Liability Insurance\$17,569Unemployment Compensation Insurance\$3,232Workmen's Compensation Insurance\$17,569

\*Said amount is hereby levied as the Liability Insurance, Unemployment Compensation Insurance, Workmen's Compensation Insurance Tax (745ILCS 10/9-107-no maximum)

Illinois Municipal Retirement Fund

\$146,988

\*Said amount is hereby levied as the IMRF Tax (40ILCS 5/7-171-no maximum)

Social Security Tax

\$36,749

\*Said amount is hereby levied as the Social Security Tax (40ILCS 5/21-110-no maximum)

TB Tax

\$0

PARTICAL INVALIDITY. That if any section, subdivision or sentence or word of this Resolution is for any reason held void or invalid or to be unconstitutional, such decision shall not affect the validity of the remaining portions of this Resolution.

PASSED AND APPROVED by the County Board of the COUNTY OF FRANKLIN, this 16TH day of 5p. , 2024

AYES 8
NAYES 0
ABSENT

CHAIRMAN, COUNTY BOARD

COUNTY BOARD MEMBER

COUNTY BOARD MEMBER

FILED THIS 1674 day of SeptemBer 2024

COUNTY CLERK

<sup>\*</sup>Said amount is hereby levied as the Multiple County Health Tax (55ILCS 5/5-25003 & 5/5-25004 - maximum .10%)

<sup>\*</sup>Said amount is hereby levied as the TB Tax (55ILCS 5/5-23002-rate 2c)