

2024-2025 GENEVA CITY SCHOOL TAX BILL

ONTARIO COUNTY - TOWN OF GENEVA

Tax Bill # 4703

Fiscal Year: 07/01/2024 - 06/30/2025

Warrant Date: 09/01/2024

Estimated State Aid: 44,893,382

Tax Map #: 323000 103.04-1-25.300

HUT812 LLC

2787 St Rt 14 N

Geneva, NY 14456

PLEASE RETURN ENTIRE BILL WITH YOUR PAYMENT

In Person payments:

Sept. 1-Oct. 31, 2024 ~ 83 Seneca St., Geneva, NY 14456

Hours: 8:30AM to 5:00PM Monday-Friday

OR In Person payments/mail to:

Ontario County Treasurer~ 20 Ontario St., Canandaigua, NY 14424

Sept. 1-Oct. 31, 2024 ~ Hrs: 8:30AM-5:00PM~PHONE: 585-396-4432

See Reverse Side For Important Tax Bill Information

Make Checks Payable To: Ontario County Treasurer

Mail Payments To: Ontario County Treasurer

20 Ontario Street

Canandaigua, NY 14424

Check this box ☐

if you need a receipt

TAXES PAID BY CHECK ARE SUBJECT TO COLLECTION

Property Class Code: 431 - Auto Dealer	
Roll Section: 1 - Taxable	
School District: 320500	Bank Code:
NYST&F SD Code: 219	
Dimensions: 150.00 x 250.00	
Property Location: 812 Route 5 And 20	
Uniform % of Value Used to Establish Assessment: 94.00%	
Full Market Value: 372,340	
Total Assessed Value: 350,000	
Land Assessed Value: 286,600	

EXEMPTIONS					

Tax Description	Total Tax Levy	% Change From Prior Year Levy	Taxable Value Before Star	Tax Rate Per 1000/Unit	Tax Amount
School Tax	23,206,907	3.90 %	350,000	16.416806	5,745.88
Library Tax	1,041,235	3.00 %	350,000	0.739896	258.96

NO PARTIAL PAYMENTS	TOTAL TAX DUE BY SEPTEMBER 30, 2024	\$6,004.84
THIS AREA FOR OFFICIAL RECEIPTING ONLY		
Paid By: _____	Cash: _____	Taxes Paid: _____
Received By: _____	Check: _____	Penalty: _____
	Date: _____	Total: _____

*** IF YOU NO LONGER OWN THIS PROPERTY PLEASE NOTIFY THE TAX COLLECTOR IMMEDIATELY ***

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Owner: HUT812 LLC

2787 St Rt 14 N

Geneva, NY 14456

Bank Code:

Tax Receiver's Stub

Tax Bill # 4703

PAYMENT AND PENALTY SCHEDULE

If Paid Between	Pct	Penalty	Total Due
09/01/2024 - 09/30/2024	0 %		\$6,004.84
10/01/2024 - 10/31/2024	2 %	\$120.10	\$6,124.94

See reverse side for Important Information. PLEASE NOTE YOU MUST SEND THIS ENTIRE BILL WITH PAYMENT OR A RECEIPT WILL NOT BE RETURNED.

PLEASE RETURN ENTIRE BILL WITH YOUR PAYMENT

Date: _____

Paid By: _____

Rec By: _____

Cash: _____

Check: _____