## MILWAUKEE COUNTY FISCAL NOTE FORM

DATE	: August 16, 202	<u>4</u>	Origin	nal Fiscal No	te 🖂					
			Substitute Fiscal Note		Note					
<b>SUBJECT:</b> Request for authorization to purchase 1094 &1095 tax forms services through Equifax for July 1, 2024 – June 30, 2027										
FISC	AL EFFECT:									
	No Direct County Fis	scal Impact		Increase C	apital Expenditures					
		Existing Staff Time Required		Decrease (	Capital Expenditures					
	*Increase Operating Expenditures (If checked, check one of two boxes below)			Increase Capital Revenues						
Absorbed Wi		thin Agency's Budget		Decrease Capital Revenues						
	☐ Not Absorbed	d Within Agency's Budget								
□ Decrease Operating Expenditures			Use of contingent funds							
☐ Increase Operating Revenues										
Decrease Operating Revenues										
		change from budget for enditures or revenues in th	-		s projected to result in					
		Expenditure or Revenue Category		nt Year 24)	Subsequent Year (2025)					
Operating Budget		Expenditure		,232	\$13,680					
		Revenue								
		Net Cost								
Capital Improvement Budget		Expenditure								
		Revenue								

Net Cost

## DESCRIPTION OF FISCAL EFFECT

## In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. <sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A.) This item authorizes the Benefits Division to contract with Equifax to create and issue 1094 &1095 tax forms to ensure Milwaukee County retiree plan is adherence to the Affordable Care Act. Issuance of the form 1094 &1095s to individuals as required by the ACA will be accomplished by our relationship with Equifax to provide consulting and acturarial services to Milwaukee County beginning July 1, 2024 through June 30, 2027.

Department/Prepared By	Tony L. Maze, Director of Total Rewards					
Authorized Signature	In Co	0				
Did DAS-Fiscal Staff Review	w?	Yes	$\boxtimes$	No		
Did CBDP Review? <sup>2</sup>		Yes		No		

<sup>&</sup>lt;sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

<sup>&</sup>lt;sup>2</sup> Community Business Development Partners' review is required on all professional service and public work construction contracts.