

**PT 46B - APPLICATION FOR PARAPLEGIC PROPERTY TAX REDUCTION
(SDCL 10-4-24.11, 10-4-24.12, 10-4-24.13)**

(ATTACH – INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA)

Applicant's Name _____

Applicant's Mailing Address _____

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Personal Information

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Last Name First Name Social Security Number

Mailing Address County Telephone Number

City State Zip Code month) (day) (year) _____
Birth Date

Parcel Number _____

Legal description of property for which exemption is requested:

REMINDER: Application must be made on an annual basis

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Eligibility

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- | | | |
|---|-----|----|
| A. Are you a paraplegic or an individual with
the loss or loss of use of both lower extremities? | YES | NO |
| B. Is your home specifically designed as a wheel chair home? | YES | NO |
| C. Did you own and occupy your home during the entire year of 2015? | YES | NO |
| D. Do you live alone and have a yearly income under \$14,671? | YES | NO |
| OR Do you live in a household whose members'
combined income is under \$18,731? | YES | NO |

I have examined this claim and it is correct to the best of my knowledge.

Claimant's signature Date

Preparer's signature

Address City

Telephone Number

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Verification
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TO BE COMPLETED BY MEDICAL DOCTOR
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_____ I hereby certify that the above individual is a paraplegic.

_____ I hereby certify that the above individual has suffered the loss or loss of use of both lower extremities

_____ MD

Address

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TO BE COMPLETED BY COUNTY AUDITOR
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A. Income \$ _____

B. Percent Reduction Due \$ _____

C. Property Taxes (2015 payable 2016) \$ _____

D. Amount of Reduction (B x C) \$ _____
(Applies to 2016 taxes payable 2017)

PT 46B (12/15)

Original to Director of Equalization

Copy to applicant

INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA – 2016 APPLICATION

1. Personal Information

Last Name	First Name	Social Security Number
Mailing Address	County	Telephone
City	Zip Code	Birth Date
	(month)	(day) (year)

2. Income Calculation – Attach a copy of your completed 2015 Federal Income Tax Return

Did you file a 2015 Income Tax Return? (circle one) YES NO
 If yes - - attach a copy of the return

Federal Adjusted Gross Income	\$ _____	Excluded interest not yet listed	\$ _____
Wages, salaries, tips, other employee compensation	\$ _____	Alimony payments not yet listed	\$ _____
Interest	\$ _____		
Dividends	\$ _____	Support Payments	\$ _____
Self-employment (explain)	\$ _____	Cash Public Asst. & Relief	\$ _____
Social Security (attach a copy of Each household member SSA-1099)	\$ _____	Capitol Gains exc From adj. gross income	\$ _____
Medicare premiums	\$ _____	Workers Comp	\$ _____
Title 19, 20 or SSI	\$ _____	Loss of time insurance	\$ _____
Veterans benefits	\$ _____	Interest & dividend Left to accum. except on insurance policies	\$ _____
Railroad retirement benefits	\$ _____	Other Income	\$ _____
Other Pensions and annuities	\$ _____	TOTAL INCOME	\$ _____

(Attach all documents of income)