



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 \_\_\_\_\_

**PERSONAL INFORMATION**

\_\_\_\_\_  
Last Name First Name Social Security Number

\_\_\_\_\_  
Mailing Address County Telephone

\_\_\_\_\_  
City State Zip Code (Month) (Day) (Year) Birth Date

Parcel Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Legal description of property for which exemption is requested

**ELIGIBILITY**

- A. Are you a paraplegic or 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 2021? 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

**APPLICATION MUST BE MADE ON AN ANNUAL BASIS**

**VERIFICATION**

**TO BE COMPLETED BY MEDICAL DOCTOR**

\_\_\_\_\_ 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

**TO BE COMPLETED BY COUNTY AUDITOR**

A. Income \$ \_\_\_\_\_

B. Percent Reduction Due \$ \_\_\_\_\_

C. Property Taxes (2021 payable 2022) \$ \_\_\_\_\_

D. Amount of Reduction (B x C) \$ \_\_\_\_\_  
(Applies to 2022 taxes payable 2023)

**INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA - 2020 APPLICATION**

**1. PERSONAL INFORMATION**

Last Name	First Name	Social Security Number
Mailing Address	County	Telephone
City	State	Zip Code
	(Month)	(Day) (Year)
		Birth Date

**2. INCOME CALCULATION - Attach a copy of your complete 2021 Federal Income Tax Return**

Did you file a 2021 Income Tax Return? (circle one) If yes, attach a copy of the return	YES	NO	
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)	Capital Gains except 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 \$ _____	<b>TOTAL INCOME</b>	<b>\$ _____</b>	

**(Attach all documents of income)**