



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 2024? YES NO
- D. Do you live alone and have a yearly income under \$20,192? YES NO
- OR
- Do you live in a household whose members' combined income is under \$24,679? 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 TREASURER

A. Income \$ _____

B. Percent Reduction Due \$ _____

C. Property Taxes (2024 payable 2025) \$ _____

D. Amount of Reduction (B x C) \$ _____
(Applies to 2025 taxes payable 2026)

Treasurer Office Signature

Date

INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA - 2023 APPLICATION

1. PERSONAL INFORMATION

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

2. INCOME CALCULATION - Attach a copy of your complete 2022 Federal Income Tax Return

Did you file a 2022 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)		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	\$	TOTAL INCOME	\$

(Attach all documents of income)