



**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 |
| City | State | (Month) _____ (Day) _____ (Year) _____ 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)