



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 2022? YES NO
- D. Do you live alone and have a yearly income under \$18,001? YES NO
- OR
- Do you live in a household whose members'
combined income is under \$22,001? 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 (2022 payable 2023) \$ _____

D. Amount of Reduction (B x C) \$ _____
(Applies to 2023 taxes payable 2024)

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)