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)

Ар	plicant's Name					-	
Ар	plicant's Mailing Address					-	
== Pe ==	ersonal Information			======		- ====:	
La	st Name	First Na	ame		Social Secur	ity Nu	mber
Ma	ailing Address	County			Telepl	hone	Number
	h. /	Ctoto	Zin Code	<u>(</u> month)	(day)	(ye	ar)
Cit	ıy	State	Zip Code		Birth Date		
	rcel Number						
Le	gal description of property	/ for which exemptio	n is requested:				
	REMIND	ER: Application m	ust be made on	an annu	al basis		
== Eli	======================================				==========	====	
==					==========	====:	
A.	Are you a paraplegic or an the loss or loss	individual with of use of both lower e	xtremities?	YES	NO		
В.	Is your home specifically d	esigned as a wheel ch	air home?	YES	NO		
C.	Did you own and occupy y	our home during the e	ntire year of 2008	? YES	NO		
D.	Do you live alone and hav	e a yearly income und	er \$8,000?	YES	NO		
	OR Do you live in a househ combine	old whose members' ed income is under \$12	2,000?	YES	NO		
l ha	ave examined this claim and	d it is correct to the bes	st of my knowledge	Э.			
Claimant's signature		Date		Prepar	rer's signature		
				Addres	SS		City
				Teleph	one Number		
рт		NDER: Application m	ust be made on a	•			
۲1	46B (11/09)						

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								
Address								
TO BE COMPLETED BY COUNTY AUDITOR								
A. Income	\$							
B. Percent Reduction Due	\$							
C. Property Taxes (2009 payable 2010)	\$							
D. Amount of Reduction (B x C) (Applies to 2009 taxes payable 2011)	\$							
PT 46B (11/09) Original to Director of Equalization Copy to applicant								

INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA

1. Personal Information

Last Name	First Name		Social Security Number			
Mailing Address	County				Telephone	
City	State	Zip Co	(month) ode	_(day) Birth D	(year) ate	
2. Income Calculation – Attach	a copy of your co	npleted	2009 Federal In	come Ta	x Return	
Did you file a 2009 Income Tax Retu If yes attach a copy of the return	Irn? (circle one)	YES	NO			
Federal Adjusted Gross Income	\$		Excluded interest yet listed	not \$		
Wages, salaries, tips, other employee compensation	\$	Alimony payments n yet listed				
Interest	\$					
Dividends	\$		Support Payments	s \$		
Self-employment (explain)	\$		Cash Public Asst. & Relief	\$		
Social Security (attach a copy of Each household member SSA-1099	\$		Capitol Gains exc From adj. gross in			
Medicare premiums	\$		Workers Comp	\$		
Title 19, 20 or SSI	\$		Loss of time insurance	\$		
Veterans benefits	\$		Interest & dividend Left to accum. exc	d \$ cept on ins	urance policies	
Railroad retirement benefits	\$		Other Income	\$		
Other Pensions and annuities	\$		TOTAL INCOME	\$		

(Attach all documents of income)