

**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

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**Personal Information**

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Last Name

First Name

Social Security Number

Mailing Address

County

Telephone Number

City

State

Zip Code

month) (day) (year)

Birth Date

Parcel Number

Legal description of property for which exemption is requested:

**REMINDER: Application must be made on an annual basis**

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**Eligibility**

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A. Are you a paraplegic or an 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 2012?

YES

☐

NO

☐

D. Do you live alone and have a yearly income under \$8,000?

YES

☐

NO

☐

OR Do you live in a household whose members'  
combined income is under \$12,000?

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

Telephone Number

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**Verification**

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**TO BE COMPLETED BY MEDICAL DOCTOR**

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\_\_\_\_\_ 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

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**TO BE COMPLETED BY COUNTY AUDITOR**

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A. Income	\$ _____
B. Percent Reduction Due	\$ _____
C. Property Taxes (2012 payable 2013)	\$ _____
D. Amount of Reduction (B x C) (Applies to 2013 taxes payable 2014)	\$ _____

PT 46B (12/12)  
Original to Director of Equalization  
Copy to applicant

# **INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA – 2012 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 completed 2012 Federal Income Tax Return**

Did you file a 2012 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)	\$ _____	Capitol Gains exc 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>0.00</b>

**(Attach all documents of income)**