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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 (2018 payable 2019) \$ _____

D. Amount of Reduction (B x C) \$ _____
(Applies to 2019 taxes payable 2020)

PT 46B (12/18)
Original to Director of Equalization
Copy to applicant

INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA – 2017 APPLICATION

1. Personal Information

Last Name	First Name	Social Security Number
Mailing Address	County	Telephone
City	Zip Code	Birth Date
	(month)	(day) (year)

2. Income Calculation – Attach a copy of your completed 2018 Federal Income Tax Return

Did you file a 2018 Income Tax Return? (check 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	\$ _____	TOTAL INCOME	\$ _____

(Attach all documents of income)