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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

=====  
**TO BE COMPLETED BY COUNTY AUDITOR**  
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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 Code
	(month) _____ (day) _____ (year) _____	Birth Date

**2. Income Calculation – Attach a copy of your completed 2009 Federal Income Tax Return**

Did you file a 2009 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>	\$ _____

**(Attach all documents of income)**