



**PT 38C - APPLICATION FOR PROPERTY TAX HOMESTEAD EXEMPTION (SDCL 43-31-33)**

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**TO BE COMPLETED BY DIRECTOR OF EQUALIZATION**

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Applicant's Name \_\_\_\_\_

Parcel Number \_\_\_\_\_

Legal description of property for which property tax homestead exemption is to apply:

\_\_\_\_\_

\_\_\_\_\_

Is the above described property a single family dwelling, condominium, apartment or manufactured home? \_\_\_\_\_

Base year \_\_\_\_\_

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**TO BE COMPLETED BY COUNTY TREASURER**

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I hereby certify this applicant meets all requirements for a property tax homestead exemption as provided in SDCL 43-31-33. The base year is \_\_\_\_\_.

\_\_\_\_\_  
Treasurer's Signature

\_\_\_\_\_  
Date

PT 38C (12/18)  
Original to County Treasurer  
First copy to Director of Equalization  
Second copy to Applicant  
Third copy to Department of Revenue

**INFORMATION FOR TAX RELIEF PROGRAMS IN SOUTH DAKOTA – 2019 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 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	\$ _____	<b>TOTAL INCOME</b>	\$ _____

**(Attach all documents of income)**