## **APPLICATION FOR PROPERTY TAX REDUCTION FOR 2024**

A	LL OF THE FOLLOWING QUESTIONS MUST BE (	COMPLETED. ATTACH SUPPORTING DOCUMENTS.
County	de Area Parcel Numb	er
Section A. 1. Ownership Information (Name, address and ZIP code)		Section B. Eligibility Status As of January 1, 2024, I was (check all that apply)  65 or older Blind Former P.O.W. Fatherless or Motherless Minor
		Widow(er): Spouse Name Date of Death
		Disabled (recognizing entity):
		Social Security Administration Railroad Retirement Board Federal Civil Service Public Employee Retirement System, not covered by above agencies Veteran 10-30% Service-Connected Disability Veteran 40-100% Service-Connected Disability Veteran Nonservice-Connected Disability
Social Security Number (Claimant)	Social Security Number (Spouse)	Section C. Income
		Household Income and Qualified Expenses January 1 - December 31, 2023
3. Birth Date (Claimant)	Birth Date (Spouse)	Subsection 1
4 0004		1. Federal adjusted gross income \$
4. As of January 1, 2024, you were:		Extension filed  Yes  No
Single Married Widow(er)/Not remarried  5. Physical address of the property if different than ownership information.		Subsection 2 Include gross income from all sources <b>not</b> included in Subsection 1
, , , , , , , , , , , , , , , , , , , ,		(taxable and nontaxable)
		2. Social Security income/SSI (Claimant) \$
6. Did you receive a Property Tax Reduction in 2023? Yes No		3. Social Security income/SSI (Spouse) \$
7. Have you filed a claim on a different primary residence between January 1, 2024 and now?  Where?  No Where?  8. Did you occupy your home as your primary residence before April 15, 2024?  Yes No		4. Capital gains (max allowable deduction \$3,000) \$
		5. Wages, workers' compensation, and/or unemployment \$
		6. Pensions, retirements, annuities, and/or IRAs \$
9. Did you or your spouse stay in a care facility in 2023?  Yes No		7. VA pension or compensation\$
		8. Interest and dividends\$
10. Did you receive rental income for all or any part of this property in 2023?  If yes, please attach a copy of your rental agreement.  Yes No  11. If you used any part of this property for business or commercial use in 2023, list		9. Railroad retirement\$
		10 Other income
		(Received from) \$
the percent used for business or commercial use (See instructions.)%.		11. Subtotal (add lines 1 through 10)\$
12. Did you sell real estate, stocks, or other capital assets in 2023?		13. Total of nonreimbursed, paid medical expenses and medical insurance premiums\$
13. This year, you or your spouse will file: (Check all that apply.)  Federal Income Tax Return (Attach a copy of this return.) (If your tax		14. Total of paid or prepaid funeral expenses  (Attach receipt - maximum allowable amount: \$5,000.) \$ ()
information is incomplete, please contact your county assessor for instruc-		15. Subtotal of deductions (Add lines 12, 13, and 14) \$
tions on completing this form.)		16. Total net income (Subtract line 15 from line 11) \$
☐ State income tax return (List state, if other than Idaho:) ☐ Idaho grocery credit form		If you would like information about property tax deferral for any
14.	Claimant Spouse	remaining taxes, ask your assessor or contact the State Tax Commission for a brochure explaining this program.
I certify that my Social Security number and birthdate are correct.		FOR COUNTY USE ONLY
I certify that I am a citizen or legal permanent resident of the United States, OR		
· · · · · · · · · · · · · · · · · · ·		Check all that apply:
Under penalty of perjury, I certify that to the best of my knowledge the information I have provided here is true, correct, and complete.		☐ Single family ☐ Sole owner ☐ Community or an activity of the state
I grant permission to any government agency and contractor to con- firm my status and to reveal to the Idaho State Tax Commission the		✓ Multi dwelling
		Trust or life estate
total monetary payments made to me or my spouse during 2023.		☐ LP, LLC, or Corp.
(Check one)  Yes  No		
		Overall claimant percentage of ownership/use
Claimant(s) (Please print.)  Date		Reduction benefits are only applied to the claimant's eligible portion of the net taxable value.
		Tax reduction not to exceed:  Date
Signature(s) and Relationship	Telephone Number	

THIS APPLICATION MUST BE FILED WITH YOUR COUNTY ASSESSOR BY APRIL 15, 2024