

APPLICATION FOR PROPERTY TAX REDUCTION FOR 2026

ALL OF THE FOLLOWING QUESTIONS MUST BE COMPLETED. ATTACH SUPPORTING DOCUMENTS.

County		Code Area	Parcel Number									
Section A. 1. Ownership Information (Name, address and ZIP code)				Section B. Eligibility Status As of January 1, 2026, I was (check all that apply)								
				<input type="checkbox"/> 65 or older <input type="checkbox"/> Blind <input type="checkbox"/> Former P.O.W. <input type="checkbox"/> Fatherless or Motherless Minor								
				<input type="checkbox"/> Widow(er): Spouse Name _____ Date of Death _____								
				<input type="checkbox"/> Disabled (recognizing entity):								
				<input type="checkbox"/> Social Security Administration								
				<input type="checkbox"/> Railroad Retirement Board								
				<input type="checkbox"/> Federal Civil Service								
				<input type="checkbox"/> Public Employee Retirement System, not covered by above agencies								
				<input type="checkbox"/> Veteran 10-30% Service-Connected Disability								
				<input type="checkbox"/> Veteran 40-100% Service-Connected Disability								
				<input type="checkbox"/> Veteran Nonservice-Connected Disability with pension								
2. Social Security Number (Claimant)		Social Security Number (Spouse)										
3. Birth Date (Claimant)		Birth Date (Spouse)										
4. As of January 1, 2026, you were: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er)/Not remarried												
5. Physical address of the property if different than ownership information.												
6. Did you receive a Property Tax Reduction in 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No												
7. Have you filed a claim on a different primary residence between January 1, 2026 and now? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____												
8. Did you occupy your home as your primary residence before April 15, 2026? <input type="checkbox"/> Yes <input type="checkbox"/> No												
9. Did you or your spouse stay in a care facility in 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No												
10. Did you receive rental income for all or any part of this property in 2025? If yes, please attach a copy of your rental agreement. <input type="checkbox"/> Yes <input type="checkbox"/> No												
11. If you used any part of this property for business or commercial use in 2025, list the percent used for business or commercial use (See instructions.) _____%.												
12. Did you sell real estate, stocks, or other capital assets in 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No												
13. This year, you or your spouse will file: (Check all that apply.) <input type="checkbox"/> Federal Income Tax Return (Attach a copy of this return.) (If your tax information is incomplete, please contact your county assessor for instructions on completing this form.) <input type="checkbox"/> State income tax return (List state, if other than Idaho: _____.) <input type="checkbox"/> Idaho grocery credit form												
14. <table style="width:100%;"><tr><td style="width:50%;"></td><td style="width:50%; text-align: right;">Claimant Spouse</td></tr><tr><td>I certify that my Social Security number and birthdate are correct.</td><td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td>I certify that I am a citizen or legal permanent resident of the United States, OR</td><td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td></tr><tr><td>I certify that I am in the United States legally.</td><td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td></tr></table>						Claimant Spouse	I certify that my Social Security number and birthdate are correct.	<input type="checkbox"/> <input type="checkbox"/>	I certify that I am a citizen or legal permanent resident of the United States, OR	<input type="checkbox"/> <input type="checkbox"/>	I certify that I am in the United States legally.	<input type="checkbox"/> <input type="checkbox"/>
	Claimant Spouse											
I certify that my Social Security number and birthdate are correct.	<input type="checkbox"/> <input type="checkbox"/>											
I certify that I am a citizen or legal permanent resident of the United States, OR	<input type="checkbox"/> <input type="checkbox"/>											
I certify that I am in the United States legally.	<input type="checkbox"/> <input type="checkbox"/>											
Under penalty of perjury, I certify that to the best of my knowledge the information I have provided here is true, correct, and complete. I grant permission to any government agency and contractor to confirm my status and to reveal to the Idaho State Tax Commission the total monetary payments made to me or my spouse during 2025. <div style="text-align: right;">(Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No</div>												
Claimant(s) (Please print.)		Date										
Signature(s) and Relationship		Telephone Number										
Section C. Income Household Income and Qualified Expenses January 1 - December 31, 2025 Subsection 1												
1. Federal adjusted gross income \$ _____ Extension filed <input type="checkbox"/> Yes <input type="checkbox"/> No												
Subsection 2 Include gross income from all sources not included in Subsection 1 (taxable and nontaxable)												
2. Social Security income/SSI (Claimant)..... \$ _____												
3. Social Security income/SSI (Spouse)..... \$ _____												
4. Capital gains (max allowable deduction \$3,000)..... \$ _____												
5. Wages, workers' compensation, and/or unemployment..... \$ _____												
6. Pensions, retirements, annuities, and/or IRAs \$ _____												
7. VA pension or compensation \$ _____												
8. Interest and dividends \$ _____												
9. Railroad retirement..... \$ _____												
10. Other income (Received from _____) \$ _____												
11. Subtotal (add lines 1 through 10)..... \$ _____												
12. Principal of annuity (Attach contract.)..... \$ (_____)												
13. Total of nonreimbursed, paid medical expenses and medical insurance premiums..... \$ (_____)												
14. Total of paid or prepaid funeral expenses (Attach receipt - maximum allowable amount: \$5,000.) \$ (_____)												
15. Subtotal of deductions (Add lines 12, 13, and 14) \$ _____												
16. Total net income (Subtract line 15 from line 11) \$ _____												
If you would like information about property tax deferral for any remaining taxes, ask your assessor or contact the State Tax Commission for a brochure explaining this program.												
FOR COUNTY USE ONLY												
Check all that apply:												
<input type="checkbox"/> Single family <input type="checkbox"/> Sole owner												
<input type="checkbox"/> Multi dwelling _____% <input type="checkbox"/> Community property												
<input type="checkbox"/> Multi use _____% <input type="checkbox"/> Partial ownership _____%												
<input type="checkbox"/> Trust or life estate												
<input type="checkbox"/> LP, LLC, or Corp.												
Overall claimant percentage of ownership/use _____%												
I, _____, County Assessor or Deputy Assessor, certify that Property Tax Reduction benefits are only applied to the claimant's eligible portion of the net taxable value.												
Tax reduction not to exceed:			Date									

THIS APPLICATION MUST BE FILED WITH YOUR COUNTY ASSESSOR BY APRIL 15, 2026

Email: _____

INSTRUCTIONS FOR COMPLETING THE PROPERTY TAX REDUCTION (PTR) APPLICATION

SECTION A - OWNERSHIP

Line 1 - Enter the names of all owners of the property listed on the title, deed, or contract for each property associated with this application.

Line 2-3 - List the claimant's social security number and date of birth in the claimant boxes. **A claimant is the owner of the property that qualifies by status.** (See Section B.) If you're married, list your spouse's social security number and date of birth in the spouse boxes.

Line 4 - Check the box that applies to you.

Line 5 - Include the complete physical address of the property if it isn't listed or is different than the address listed on Line 1.

Line 6 - You're a new applicant if you didn't receive a Property Tax Reduction (PTR) benefit in the preceding property tax year.

Line 7 - You're entitled to one homeowner's exemption and one property tax reduction per tax year.

Line 8 - You must occupy the property as your primary dwelling to qualify for PTR benefits.

Line 9 - If you or your spouse were in a care facility for all or part of the previous year, answer yes.

Line 10 - If you received rental income from all or part of the property, attach a copy of your rental agreement or complete a rental agreement form. (See your county assessor.) Attach the completed form to this application.

Line 11 - Calculate and list the percentage of your property used for business or commercial purposes. (Use the same percentage you reported on your federal tax return, if you filed one.) Include Schedule C or federal Form 8829 and attach a copy to this application.

Line 12 - If you sold any stocks, bonds, real estate, or other capital assets, complete federal form Schedule D and attach a copy to this application.

Line 13 - If you filed a federal tax return, include a complete copy with this application. If you're not filing a federal tax return or if you've applied for an extension for filing, include copies of all 1099s, W-2s, and all other documents showing your taxable or nontaxable income from all sources.

Line 14 - You and your spouse, if married, must be able to certify your legal presence in the United States to be eligible to receive benefits. You must provide supporting documentation.

SECTION B - STATUS

You must be the owner of the property and be in one of the categories listed below as of January 1 of the application year.

Check all that apply to you.

- 65 or older.
- A widow(er) who hasn't remarried after the death of a spouse. Attach a copy of the deceased spouse's death certificate to this application.
- A person with a disability recognized by Social Security, Railroad Retirement, Federal Civil Service, Veteran's Affairs (VA), or a Public Employee Retirement System. Attach a copy of your disability determination. If you're a disabled veteran, check the appropriate box for your disability rating level.
- A person who is functionally blind as defined in Idaho Code section 67-5402(2).
- A person who is a motherless/fatherless minor; that is, your parent is deceased, your parent had their parental rights terminated, or you've been judicially determined to be abandoned.

SECTION C - INCOME

Include all taxable and nontaxable income reported for the previous tax year. The definition of income for PTR differs from the definition of income for federal tax purposes. See Idaho Code Section 63-701(5) for the definition of income for PTR.

Section 1

Line 1 - Complete this line only if you're filing a federal income tax return. List the amount from the federal adjusted gross income line on that return. Attach a copy of that return to this application.

Section 2

Report all income not included in your federal adjusted gross income.

Line 2-3 - List the amount of Social Security income you received and attach a copy of your statement from Social Security or include the difference between the gross portion and the taxable portion of Social Security income. If you include the **net** amount of Social Security, you **can't** deduct Medicare as a medical expense. If you include the **gross** amount of Social Security, you **can** deduct Medicare as a medical expense.

Line 4 - Report capital gains received from the sale of stocks, bonds, real estate, or other capital assets. Attach a copy of federal form Schedule D to this application.

Line 5 - Include wages, worker's compensation, or unemployment.

Line 6 - Include the gross distribution of any pension, annuity, and/or IRA, or include the difference between the taxable portion and the nontaxable portion of any pension, annuity, and/or IRA.

Line 7 - Include all VA compensation and/or pension income not from a service-connected disability of 40% or more, DIC, or widow's pensions.

Line 8 - Include all interest and dividend income.

Line 9 - Include the gross amount of distributions identified as Tier 1 and Tier 2 or include the difference between the gross portion and the nontaxable portion of Railroad income. If you have Medicare (see the explanation for Line 2-3) deducted, you may deduct the premium as a medical expense.

Line 10 - Include all income not reported above. Some examples are rents, gambling winnings, support, alimony, "loss of earnings" insurance compensation, long-term care payments, and reimbursement of medical expenses deducted in a previous year. Contact your county assessor or the Idaho State Tax Commission if you need to clarify what income to report.

Line 12 - Include only the return of principal that you paid into the annuity and attach a copy of the annuity contract or form 1099-R with a distribution code of 4D or 7D.

Line 13 - List the total of non-reimbursed medical expenses and medical insurance premiums (as defined in Section 213d of the Internal Revenue Code) you paid for you or your spouse. Use the medical expenses from federal form Schedule A or complete a medical expense form. **Don't** include premiums that you paid for income replacement policies. If asked later, you must be able to provide receipts for the amounts deducted.

Line 14 - List paid or prepaid funeral expenses for you or your spouse. The maximum allowable deduction is \$5,000. Attach copies of dated receipts and/or canceled checks showing the amounts you paid for yourself and/or your spouse.

Remember to review your application for completeness and accuracy before signing it.

NOTE: Idaho Code section 63-708 allows the state to recover any incorrect payment within three (3) years. This recovery follows the collection and enforcement procedures in the Idaho Income Tax Act.