

TAX YEAR 2020 SENIOR TAX FREEZE APPLICATION—KNOX COUNTY TRUSTEE

STAPLE HERE

PARCEL ID:		OWNERSHIP	LIFE ESTATE	REMAINDER ON PROPERTY	MOBILE HOME	Did you file a 2019 federal tax return? <input type="checkbox"/> YES – provide copy <input type="checkbox"/> NO I was not required based on my filing status, age, category, or income as outlined by the IRS. I will provide proof of all 2019 income. Applicant Initials _____
		<input type="checkbox"/> SOLE <input type="checkbox"/> CO-OWNER	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES/Complete Co-Owner Info	<input type="checkbox"/> No <input type="checkbox"/> Yes (Copy of Title)	
LAST NAME, FIRST NAME, MIDDLE		SOCIAL SECURITY #	DATE OF BIRTH	PHONE NUMBER		
STREET ADDRESS		CITY	ZIP	APPLICANT LOCATION	MAILING STATUS	
		, TN		<input type="checkbox"/> LIVING ON PROPERTY <input type="checkbox"/> NOT LIVING ON PROPERTY	<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	
MAILING ADDRESS IF DIFFERENT	MAILING CITY/ST	ZIP	IN CARE OF:			
SPOUSE/CO-OWNER/RESIDENT REMAINDER INFO		DECEASED OWNERS				
LAST NAME, FIRST NAME, MIDDLE		FIRST NAME	LAST NAME	YEAR OF DEATH:		
				<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SIBLING	
				<input type="checkbox"/> PARENT	<input type="checkbox"/> OTHER	
SOCIAL SECURITY #	DATE OF BIRTH	FIRST NAME	LAST NAME	YEAR OF DEATH:		
				<input type="checkbox"/> SPOUSE	<input type="checkbox"/> SIBLING	
				<input type="checkbox"/> PARENT	<input type="checkbox"/> OTHER	

(Last Name, First Name) _____
 Property ID# _____

INCOME FROM PREVIOUS YEAR 2019 (NOT 2020) (ATTACH COPIES OF 2019 INCOME PROOF)

	APPLICANT	CO-OWNER/SPOUSE	PROOF		APPLICANT	CO-OWNER/SPOUSE	PROOF
SOCIAL SECURITY	\$	\$	<input type="checkbox"/>	WORKERS' COMP	\$	\$	<input type="checkbox"/>
SSI BENEFITS	\$	\$	<input type="checkbox"/>	SALARY / WAGES	\$	\$	<input type="checkbox"/>
RETIREMENT/PENSION	\$	\$	<input type="checkbox"/>	DIVIDEND/INTEREST	\$	\$	<input type="checkbox"/>
VETERANS BENEFITS	\$	\$	<input type="checkbox"/>	OTHER INCOME	\$	\$	<input type="checkbox"/>

2019 TOTAL INCOME LIMIT IS \$41,240 TO QUALIFY FOR 2020 SENIOR TAX FREEZE

On Tax Relief? _____ (Y/N)

TOTAL INCOME
\$ _____

ALTERNATE PHONE _____ **ADDITIONAL NOTES:** _____

I certify this information to be correct and understand I am subject to penalty and interest for intentionally providing false information. Any taxpayer, who knowingly provides false information concerning the taxpayer's income or other information relative to eligibility for such program, commits a Class A misdemeanor. For a period of 18 months, I voluntarily authorize the Social Security Administration, Internal Revenue Service, or anyone, to release my social security number, name, date of birth, disability status, and income to the Property Tax Freeze Program. I certify that the property for which the tax freeze is sought is my principal residence for voting purposes and that I have not submitted another property as my principal residence for any purpose in the jurisdiction, the State of Tennessee, or any other state.

** I understand that I must renew TAX FREEZE yearly. ** ****INSTRUCTIONS ON BACK****

APPLICATION DATE _____

APPLICANT'S SIGNATURE _____

SPOUSE/CO-OWNER'S SIGNATURE _____

*** DEADLINE TO APPLY: April 5, 2021 ***

COLLECTING OFFICIAL'S SIGNATURE _____

DATE ENTERED INTO IDS _____

Approved _____ Rejected _____
(circle one)