

# Part 1

Macoupin County PTAX-340

Please complete Part 1 and return this form even if you are over the income limit for Part 2.

Return by July 1, 2025

## SENIOR CITIZENS HOMESTEAD EXEMPTION RENEWAL For 2025 payable in 2026

Parcel:

Name:

Address:

City-State-Zip:

Owner's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Spouse's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Phone Number: \_\_\_-\_\_\_-\_\_\_

If deceased, date: \_\_\_/\_\_\_/\_\_\_ If deceased, date: \_\_\_/\_\_\_/\_\_\_

1. On Jan. 1, 2025 a permanent structure existed on this property that was:

\_\_\_ Occupied as my principal residence.

\_\_\_ A residence on which I have previously received this exemption before becoming a resident of a facility licensed under the Assisted Living & Shared Housing Act, Nursing Home Care Act, ID/DD Community Care Act, or Specialized Mental Health Rehab. Act of 2013, and the residence is unoccupied or is occupied by my spouse.

2. On Jan. 1, 2025:

\_\_\_ I was the owner of record for the property listed.

\_\_\_ I have a legal or equitable interest in the property, by written instrument or

\_\_\_ I have a leasehold interest in the property.

3. \_\_\_ I am or will be 65 years of age or older in 2025.

4. \_\_\_ I am liable for the real property tax on the property listed.

5. \_\_\_ I have not applied for this exemption on any other property.

**Under penalties of perjury, I state that to the best of my knowledge, the information on the form is true, correct and complete.**

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

# Part 2

Application for Low-Income Senior Citizens Assessment Freeze Homestead Exemption **Please mark an "X" if you are over income** \_\_\_  
For 2025 payable in 2026

On January 1, 2024 and January 1, 2025 a permanent structure existed on this property that was:

\_\_\_ Occupied as my principal residence.

\_\_\_ A residence on which I have previously received this exemption before becoming a resident of a facility licensed under the Assisted Living & Shared Housing Act, Nursing Home Care Act, ID/DD Community Care Act, or Specialized Mental Health Rehab. Act of 2013, and the residence is unoccupied or is occupied by my spouse.

On January 1, 2025, the following individuals also used the property for their principal residence. My spouse is included if he or she used the property as his or her principal residence on January 1, 2025. The total income of the individuals and my spouse is included in Part 2 (attach an additional sheet if necessary).

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Mark the statement that applies to you:

a \_\_\_ On January 1, 2025, I was single, a widow(er), or divorced.

b \_\_\_ On January 1, 2025, I was married and living together.

c \_\_\_ On January 1, 2025, I was married, but not living together.

My spouse's name and address is \_\_\_\_\_

\_\_\_ My spouse has applied for this exemption at a different address \_\_\_\_\_

**Part 2 continues on the back**

# Household income for 2024

You must include the income of you, your spouse, and all individuals who live in your household.

- |  |    |       |  |       |
|--|----|-------|--|-------|
| 1 Social Security, SSI benefits. Include Medicare deductions in this total.  | 1  | _____ |  | _____ |
| 2 Railroad Retirement benefits. Include Medicare deductions in this total.   | 2  | _____ |  | _____ |
| 3 Civil Service benefits   | 3  | _____ |  | _____ |
| 4 Annuities, federally taxable pensions and retirement plan distributions  | 4  | _____ |  | _____ |
| 5 Human services and other governmental cash public assistance benefits  | 5  | _____ |  | _____ |
| 6 Wages, salaries, and tips from work  | 6  | _____ |  | _____ |
| 7 Interest and dividends received  | 7  | _____ |  | _____ |
| 8 Net rental, farm, and business income or (loss).   | 8  | _____ |  | _____ |
| 9 Net capital gain or (loss).  | 9  | _____ |  | _____ |
| 10 Other income or (loss).   | 10 | _____ |  | _____ |
| 11 Add Lines 1 through 10  | 11 | _____ |  | _____ |
| 12 Certain subtractions. You may subtract only the reported adjustments to income from U.S. 1040, Schedule 1, Line 26. |    |       |  |       |

	Subtraction item	Amount
12a	_____	_____   _____
12b	_____	_____   _____

Add the amounts on Lines 12a and 12b, and write the result. 12 \_\_\_\_\_ | \_\_\_\_\_

13 Subtract Line 12 from Line 11, and write the result. This is your total household income for 2023. If this amount is greater than \$65,000, **STOP**. You do not qualify for this exemption. 13 \_\_\_\_\_ | \_\_\_\_\_

## Sworn under oath, I state that

- 1 The preceding information is true and correct.
- 2 I have not applied for a Low-Income Senior Citizen Assessment Freeze Exemption for any other property for 2025.
- 3 The total household income for 2024 is reported on page 2, and is \$65,000 or less.
- 4 On January 1, 2025, in addition to myself, the individuals named on Part 2 used this property for their principal residence.

**Under penalties of perjury, I state that, to the best of my knowledge, the information contained in the above affidavit is true.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** The CCAO may conduct an audit to verify that the taxpayer is eligible to receive this exemption.

## For Office Use Only

Approved Yes \_\_\_ No \_\_\_  
Base Year \_\_\_\_\_  
Date Received \_\_\_\_\_

Income Verified Yes \_\_\_ No \_\_\_  
Base Amount \_\_\_\_\_  
EAV of added improvement \_\_\_\_\_

Mail your completed Macoupin County PTAX-340 to:

If you have any questions, please call:

Macoupin County Supervisor of Assessments Office  
P.O. Box 15  
Carlinville, IL 62626

(217) 854-8281 Ext 1