



# PTAX-340 Senior Citizens Assessment Freeze Exemption

## Part 1: Household income for 2023

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

- |    |  |    |       |
|----|--|----|-------|
| 1  | Social Security and 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 & retirement plan distributions.   | 4  | _____ |
| 5  | Human Services & 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 US 1040, Schedule 1, Part II |    |       |

	Subtraction item	Amount
12a	_____	_____
12b	_____	_____

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

- |    |       |
|----|-------|
| 12 | _____ |
| 13 | _____ |

## Part 2: Affidavit

- 14 On January 1, 2024 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 dwelling place on January 1, 2024. The total income of the individuals and my spouse (regardless of his or her principal residence) are included in Part 2.

### First and Last Name

- a \_\_\_\_\_  
b \_\_\_\_\_

- 15 (Mark the statement that applies.)

On January 1, 2024, I was

**a** \_\_\_ single, widow(er), or divorced. **b** \_\_\_ married and living together. **c** \_\_\_ married, but not living together

## Part 3: Sign below

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this affidavit is true, correct, and complete.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (month, day, year)

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

**Mail your completed PTAX Form to:**  
Jersey County Supervisor of Assessments  
200 N Lafayette, Ste 4  
Jerseyville IL 62052

**If you have any questions, please call:**  
618-498-5571 ext 126