You May Qualify:

Homeowners qualifying for the program will have the property taxes on their principal residence frozen at a base tax amount, which is the amount of taxes owed in the year they first qualify for the program. Thereafter, as long as the owner continues to qualify for the program, the amount of property taxes owed for that property generally will not change, even if there is a property tax rate increase or county-wide reappraisal. Your home and up to five (5) acres can be frozen. (some restrictions do apply)

Senior Tax Freeze Requirements:

☐	You must be 65 years old on or before December 31, 2025.
☐	Your name is on the deed, or you can prove ownership by another means.
☐	You live on the property as your primary residence in 2025. (can't apply for 2 properties)
☐	You must provide **2024 income** for you, your spouse and all co-owners whether they live with you or not. The combined income of all parties must be **no more than $61,920.** Copy of income tax return, Social Security statement and any other income, including rental income, taxable or not for you, your spouse and all co-owners.
☐	We must have a reliable phone number and/or an alternate contact number. If you cannot be reached, your application may not be approved.
☐	Copy of valid driver's license or state issued ID for you, your spouse and all co-owners.
☐	If the name on your application is different from the name the Social Security office has for you, the state will need you to explain. The phrase "are the same person" isn't accepted.
☐	If the address on your license or ID is different from the address of the property you are applying for tax relief on, then documentation as proof of residency is required. (see page 6)
☐	If your house is in a trust, provide the section of the trust specifying the name of the trust as well as the name of the grantor/settlor/trustor. We cannot process your app without this. A property in an Irrevocable Trust is <u>not</u> eligible for Tax Freeze.
☐	If your property is a mobile home, provide mobile home ownership documentation such as the bill of sale, or title in your name. We cannot process your app without this.
☐	Properties in a Life Estate will need to answer if the remainder has lived in the home in 2025. If yes, information and income for the resident remainder will be required.
☐	**Your signed application and all required documentation must be received no later than April 5, 2026.** (Interest applies starting March 1st.) We cannot process your application if it has not been signed by all relevant parties.
	If you need help filling out your application, please visit any of our locations, no appointment is necessary. All required copies can be made for you at no cost to you.

Important Notes:

Please fill out and sign the application below.
(2025 DV Application)

<u>This application cannot be submitted electronically or by email.</u> Please either mail us the application and requested documentation or take it to one of the locations listed here:

Halls - By Rual King
7328 Norris Freeway
Knoxville, TN 37918
Monday - Friday 8 a.m.- 4:30 p.m.
(865) 215-3461

East Town Crossing - By Home Depot
4734 Centerline Drive
Knoxville, TN 37917
Monday - Friday 9 a.m.- 5 p.m.
(865) 258-3516

Chapman Plaza - By Tennova Health
7339 Chapman Highway
Knoxville, TN 37920
Monday - Friday 8 a.m.- 4:30 p.m.
(865) 577-3680

Cedar Bluff
9000 Executive Park Dr.
Suite A301
Knoxville, TN 37923
Monday - Friday 8 a.m.- 4:30 p.m.
(865) 215-8555

City County Building (Pay to Park)
400 Main Street
4th Floor
Knoxville, TN 37902
Monday - Friday 8 a.m.- 4:30 p.m.
(865) 215-2305

Mail: Knox County Trustee
P.O. Box 70, Knoxville, TN 37901

Please <u>fill out</u> and <u>sign</u> the application below.
(2025 DV Application)

TAX YEAR 2025 SENIOR TAX FREEZE APPLICATION - KNOX COUNTY TRUSTEE

STAPLE HERE

PARCEL ID:

STATUS IN 2025: ○ MARRIED ○ WIDOWED ○ DIVORCED ○ SINGLE

OWNERSHIP: ○ SOLE ○ CO-OWNER

LIFE ESTATE: ○ NO ○ YES

REMAINDER ON PROPERTY: ○ NO ○ YES / Complete Co-Owner Info

MOBILE HOME: ○ NO ○ YES (Copy of Title)

LAST NAME FIRST NAME MIDDLE	SOCIAL SECURITY #	DATE OF BIRTH	PHONE NUMBER

STREET ADDRESS	CITY	ZIP	APPLICANT LOCATION	MAILING STATUS
			○ LIVING ON PROPERTY ○ NOT LIVING ON PROPERTY	○ PERMANENT ○ TEMPORARY

MAILING ADDRESS IF DIFFERENT	MAILING CITY / ST	ZIP	IN CARE OF

SPOUSE / CO-OWNER / RESIDENT REMAINDER INFO

LAST NAME FIRST NAME MIDDLE	
SOCIAL SECURITY #	DATE OF BIRTH

Spousal information is **required** regardless of ownership or residency.

DECEASED OWNERS

FIRST NAME	LAST NAME	YEAR OF DEATH :
		○ SPOUSE ○ SIBLING ○ PARENT ○ OTHER
FIRST NAME	LAST NAME	YEAR OF DEATH :
		○ SPOUSE ○ SIBLING ○ PARENT ○ OTHER

Did you file a 2024 federal tax return?

○ YES Provide Copy

○ 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 2024 income.

Applicant Initials

(Last Name, First Name)

Property ID#

INCOME FROM PREVIOUS YEAR 2024 (NOT 2025) (attach copies of 2024 income proof)

	APPLICANT	CO-OWNER/SPOUSE	PROOF		APPLICANT	CO-OWNER/SPOUSE	PROOF
SOCIAL SECURITY	$	$	O	WORKERS' COMP	$	$	O
SSI BENEFITS	$	$	O	SALARY / WAGES	$	$	O
RETIREMENT / PENSION	$	$	O	DIVIDEND / INTEREST	$	$	O
VETERANS BENEFITS	$	$	O	OTHER INCOME	$	$	O

2024 TOTAL INCOME LIMIT IS $61,920 TO QUALIFY FOR 2025 SENIOR TAX FREEZE

TOTAL INCOME

On Tax Relief? ○ - Yes ○ - No

ALTERNATE PHONE: ____________ **EMAIL:** ____________

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 a 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 05, 2026

Approved Rejected (circle one)

COLLECTING OFFICIAL'S SIGNATURE

SUBMITTED BY INITIALS AND DATE

(rev 5/16/24 c.d.)

HIGHLIGHTED LINES ARE COUNTED AS INCOME

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning ______, 2024, ending ______, 20 ____ See separate instructions.

EXAMPLE

Your first name and middle initial	Last name	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	**Presidential Election Campaign**
City, town, or post office. If you have a foreign address, also complete spaces below.	State / ZIP code	Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.
Foreign country name	Foreign province/state/county / Foreign postal code	☐ You ☐ Spouse

Filing Status

Check only one box.

- ☐ Single
- ☐ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS)
- ☐ Head of household (HOH)
- ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ **Yes** ☐ **No**

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)		1a	YES
b	Household employee wages not reported on Form(s) W-2		1b	YES
c	Tip income not reported on line 1a (see instructions)		1c	YES
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	YES
e	Taxable dependent care benefits from Form 2441, line 26		1e	YES
f	Employer-provided adoption benefits from Form 8839, line 29		1f	YES
g	Wages from Form 8919, line 6		1g	YES
h	Other earned income (see instructions)		1h	YES
i	Nontaxable combat pay election (see instructions)	1i		
z	Add lines 1a through 1h		1z	
2a	Tax-exempt interest	2a YES	2b	b Taxable interest: YES
3a	Qualified dividends	3a NO	3b	b Ordinary dividends: YES
4a	IRA distributions	4a NO	4b	b Taxable amount: YES
5a	Pensions and annuities	5a NO	5b	b Taxable amount: YES
6a	Social security benefits	6a USE SSA-1099	6b	b Taxable amount: NO
c	If you elect to use the lump-sum election method, check here (see instructions) ☐			
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐		7	YES/SCHEDULE D
8	Additional income from Schedule 1, line 10		8	YES/SCHEDULE 1
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**		9	NO
10	Adjustments to income from Schedule 1, line 26		10	YES/SCHEDULE 1
11	Subtract line 10 from line 9. This is your **adjusted gross income**		11	NO
12	**Standard deduction or itemized deductions** (from Schedule A)		12	NO
13	Qualified business income deduction from Form 8995 or Form 8995-A		13	NO
14	Add lines 12 and 13		14	NO
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**		15	NO

- **The value shown on Line 8 is calculated using Schedule 1, Part I, Line 10 and is counted as income.**
- **The deduction shown on Line 10 is calculated using Schedule 1, Part II, Line 26 and is deductible; *however*, if there is a value listed on Schedule 1, Part II Line 25, that value is not deductible and must be deducted from the value listed on line 26.**

Examples of Acceptable Income Documentation

* IRS income tax return (if filed a copy is required + Social Security benefits statement)

* W-2 forms

* Interest/dividend statements

* SSA-1099 form

* Bank statement confirming the SSA/SSI direct deposit amount

* Another type of benefit letter from Social Security

* VA benefit statement

*Proof of income even if it is not taxable for IRS purposes (see the following pages)

Note: <u>we are unable to accept an income tax return as confirmation of Social Security benefits.</u> If necessary, please contact the Social Security Administration to request a Benefit Verification Letter.

Examples of Acceptable Documentation to Prove Residency

If the address on your license or ID is <u>*different*</u> from the address on your Tax Relief application, the state will need proof of residency.

Submit one of the following items to confirm your residence in 2025:

* Valid driver's license

* Valid state-issued ID card

* Bank statement

* VA letter

* Voter's registration card

* Automobile insurance policy

* Social Security letter

* Two different utility bills that include the service address and mailing address (cell phone bills not acceptable unless other services are included)

PLEASE NOTE: These documents must be dated for the tax year (2025) in which Tax Relief is being applied, or earlier.

Items Considered Income for Tax Relief Purposes

Alimony is income for the party receiving the payments.

IRA – Individual Retirement Account funds are not taxed as income when placed into the account. However, it becomes taxable income when it is withdrawn. Therefore, money withdrawn from an IRA is counted.

Inheritance from an estate is counted.

Life Estate income considerations. The income of the applicant and any owner of a remainder interest whose legal residence for any time during the tax year was the property on which tax relief is requested is required to determine eligibility.

Loss of income from a business, farm, rental of property, or losses from another comparable source requires documentation. The applicant must provide a copy of their income tax return. If no tax return was filed, the loss cannot be deducted. An income loss should be placed in "OTHER" in brackets and deducted from the total.

Lump Sum Back Payments are counted in the year received.

Pension – Use the taxable amount as shown on the tax return.

VA Pension/Retirement benefits are counted, even though these benefits are not taxable income for IRS purposes.

Railroad retirement benefits are counted as income. Persons receiving railroad retirement benefits receive two separate 1099 forms. One form will be the RRB-1099 and the other is the RRB-1099-R form. To determine the applicant's income, you must combine Box 5 on the RRB-1099 and box 7 on the RRB-1099-R form.

Rental income is counted.

Retirement benefits are counted. If there is income reported in both box 1 and box 2a on a 1099-R, count the amount in box 2a as income for Tax Relief purposes. If there is income listed in box 1 and no income listed in box 2a on a 1099-R, count the amount listed in box 1 minus any healthcare premiums as income for Tax Relief purposes.

Rollover interest from a CD is counted.

Sale of acreage is counted.

Sale of a primary residence is counted with conditions. Do not count the first $250,000 if filing single on the income tax return or $500,000 if married filing jointly on the income tax return. Any income over these amounts is counted as income.

Sale of secondary house (non-residence house) is counted.

Sale of stocks and bonds would be counted as income unless they are state issued bonds.

SSA benefits are counted as income even though, in most instances, SSA benefits are not taxable income for IRS purposes. The net SSA income minus Medicare premiums paid is used. All income on the line "Voluntary Federal Income Tax Withheld" is counted.

Unemployment compensation is counted.

Wages are to be reported as income.

Worker's compensation benefits are counted.

***Note**: Income is not limited to only the listed items. Any questions concerning income sources not specified should be forwarded to the tax relief.*

ITEMS ***NOT*** CONSIDERED INCOME FOR TAX RELIEF PURPOSES

Money received from a Reverse Mortgage

Temporary Assistance for Needy Families (formerly AFDC)

Child Support

SNAP-Supplemental Nutrition Assistance Program (formerly Food Stamps)

Life Insurance proceeds

Stipends received through programs such as Foster Grandparents or Family First

State adoption subsidies

U.S. Department of Veterans Affairs Aid and Attendance (to exclude, documentation showing the breakdown of the monthly benefit is required)