

FILE THIS CLAIM AFTER DECEMBER 31, 2002, BUT NO LATER THAN APRIL 15, 2003

Claimant's Social Security Number

[Grid for Social Security Number]

First four letters of claimant's last name. Use ALL CAPITAL letters.

[Grid for Last Name Initials]

Claimant's Telephone Number

[Grid for Telephone Number]

Name and Address

Form with fields: First Name of Claimant, Initial, Last Name, Home Address (number and street or rural route), City, State, Zip Code, County Abbreviation

Mark this box if claimant is deceased (See instructions) . . . . . [ ]  
Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

IMPORTANT: Mark this box if name or address has changed . . . [ ]

Mark this box if this is an amended claim . . . . . [ ]

YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2002

Qualifications

Answer ONLY the questions that apply to you:

- 1. Age 55 or over for the entire year. Enter date of birth. (Must be prior to 1947.) . . . . .
2. Disabled or blind for the entire year. Enter date disability began. See instructions on page 16. . . . .
3. Dependent child who resided with you and was under 18 years of age for the entire year. Child's name \_\_\_\_\_ . Enter date of birth. (Must be prior to 2002.)

ENCLOSE Social Security Benefit Verification Statement or Schedule DIS

Month Day Year grid for date entry

ENTER THE TOTAL RECEIVED IN 2002 FOR EACH TYPE OF INCOME.

SEE INSTRUCTIONS BEGINNING ON PAGE 15.

Household Income

- 4. 2002 Wages OR Kansas Adjusted Gross Income \_\_\_\_\_ plus Federal Earned Income Credit \_\_\_\_\_ . Enter Total. . . . .
5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses. . . . .
6. Social Security, SSI, and Railroad Retirement benefits including Medicare deductions. Do not include Social Security Disability benefits. . . . .
7. All other pensions, annuities, and veterans benefits . . . . .
8. TAF payments, general assistance, worker's compensation, grants and scholarships . . . . .
9. All other income, including the income of others who resided with you at any time during 2002. . . . .
10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$25,000, you do not qualify for a refund)

Grid for household income entry with 00 in the cents column

Refund

- 11. OWNER - 2002 general property taxes (See instructions, page 17). . . . .
12. RENTER - Enter total of line 5 amounts from RNT Schedule(s) . . . . .
13. Total. Add lines 11 and 12, but do not enter more than \$600. . . . .
14. Using your total household income on line 10 and the chart on page 6, enter your refund percentage. . . . .
15. Homestead refund (Multiply line 13 by percentage on line 14) . . . . .
Important: If you filed Form ELG with your county, your refund will be reduced by the ELG amount applied to the first half of your 2002 property tax. See page 19.

ENCLOSE 2002 PROPERTY TAX STATEMENT

ENCLOSE RNT SCHEDULE(S)

Grid for refund entry with % symbol in the cents column

Signature

I declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct and complete claim.

Claimant's signature

Date

Signature of preparer other than claimant

Mail to: Kansas Homestead Claim
Kansas Department of Revenue
915 SW Harrison Street
Topeka, KS 66699-2000

Please allow 10 to 12 weeks processing time for your refund. If you are a renter, you should allow an additional 6 to 8 weeks so your rent can be verified with your landlord.

PLEASE COMPLETE REVERSE SIDE

[Grid for additional information]

