

DO NOT STAPLE

2017 KANSAS HOMESTEAD CLAIM

134117



FILE THIS CLAIM AFTER DECEMBER 31, 2017, BUT NO LATER THAN APRIL 15, 2018

Claimant's Social Security Number

[Empty box for Social Security Number]

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

[Empty box for last name initials]

Claimant's Telephone Number

[Empty box for Telephone Number]

Name and Address section with fields for First Name, Initial, Last Name, Mailing Address, City, State, Zip Code, and 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 []

Qualifications

TO QUALIFY YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2017 AND OWN YOUR HOME.

Answer ONLY the questions that apply to you:

MONTH DAY YEAR

1. Age 55 or over for the entire year? Enter date of birth (must be prior to 1962)

[Empty date box]

2. Disabled or blind for the entire year? Enter the date disability began. See instructions.....

ENCLOSE Social Security Benefit Verification Statement or Schedule DIS

[Empty date box]

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 2017)

[Empty date box]

Mark this box if you are filing as surviving spouse of a disabled veteran OR of an active duty service member who died in the line of duty (see instructions for this qualification and for required enclosures).

ENTER THE TOTAL RECEIVED IN 2017 FOR EACH TYPE OF INCOME. See instructions.

Household Income

4. 2017 Wages OR Kansas Adjusted Gross Income \$ _____ plus Federal Earned Income Credit \$ _____. Enter the total

[Empty box] 00

5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses

[Empty box] 00

6. Total Social Security and SSI benefits, including Medicare deductions, received in 2017 (do not include disability payments from Social Security or SSI) \$ _____. Enter 50% of this total

[Empty box] 00

7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement)

[Empty box] 00

8. TAF payments, general assistance, worker's compensation, grants and scholarships

[Empty box] 00

9. All other income, including the income of others who resided with you at any time during 2017

[Empty box] 00

10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$34,450, you do not qualify for a refund)

[Empty box] 00

Refund

11. Percent of the homestead property that was rented or used for business in 2017 (see instructions).....

[Empty box] %

12. 2017 general property taxes, excluding specials. (Tax on property valued at more than \$350,000 does not qualify. See instructions.)

Mark this box if you have delinquent property tax. []

[Empty box] 00

13. Amount of property tax allowed. Enter amount from line 12 or \$700, whichever is less

[Empty box] 00

14. Using your total household income on line 10 and the Refund Percentage Table, enter your refund percentage

[Empty box] %

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 2017 property tax.

[Empty box] 00

Mark this box if you wish to participate in the Refund Advancement Program (see instructions)..... []

Signature

I authorize the Director of Taxation or the Director's designee to discuss my K-40H and enclosures with my preparer.

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

Preparer's phone number

IMPORTANT: Please allow 20 to 24 weeks to process your refund.

COMPLETE THE BACK OF THIS FORM

[Barcode area]

Providing this information should speed the processing of your claim. Income reported here should not be included on line 10 of this form.

Enter in the spaces provided the **annual amount of all other income** not included as household income on line 10:

Excluded Income

(a) Food Stamps..... \$	<input type="text"/>	00	(b) Nongovernmental Gifts	\$	<input type="text"/>	00	
(c) Child Support..... \$	<input type="text"/>	00	(d) Settlements (lump sum).....	\$	<input type="text"/>	00	
(e) Personal and Student Loans..... \$	<input type="text"/>	00	(f) SSI, Social Security, Veterans or Railroad Disability (enclose documentation)	\$	<input type="text"/>	00	
(g) Other (See instructions) Source					Amount \$	<input type="text"/>	00

Complete the information below for ALL persons (including yourself) who resided in your household **at any time** during 2017. Indicate the number of months they lived with you and whether or not their income is included on lines 4 through 9 of Form K-40H.

Members of Household

Name	Date of Birth	Relationship	Number of months resided in household	Income included on lines 4-9, Yes/No	Social Security Number