

2009 KANSAS HOMESTEAD CLAIM

134109

DO NOT STAPLE

FILE THIS CLAIM AFTER DECEMBER 31, 2009, BUT NO LATER THAN APRIL 15, 2010

	Claimant's Social Security Number	First four letters claimant's last Use ALL CAPITAL	name.	Claimant's Telephone Number				
Address	First Name of Claimant Initial Last Name Home Address (number and street or rural route)				Mark this box if claimant is deceased (See instructions)			
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e a	City		_					
Nan		Mark this box if this is an amended claim						
	YOU MUST HAVE BEEN A <i>RESIDENT</i>	OF KANSAS	THE <i>FNTIRE</i> Y	<i>'FAR</i> OF 2009	MONTH DAY	VEAD		
	Answer ONLY the questions that apply to yo	MONTH DAY	YEAR					
suc	1. Age 55 or over for the entire year? Enter da							
Qualificatio	2. Disabled or blind for the entire year? Enter disability began. See instructions							
	3. Dependent child who resided with you and v							
	Child's name		-	•				
	Mark this box if you are filing as surviving spouse of a disabled veteran <i>OR</i> 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 2009 FOR EACH TYPE OF INCOME. See instructions.							
	4. 2009 Wages OR Kansas Adjusted Gross Inc. Enter the total	e Credit	00					
ne	5. All taxable income other than wages and per		00					
COL	losses and capital losses		00					
드	6. Total Social Security and SSI benefits, including Medicare deductions, received in 2009 (do not include disability payments from Social Security or SSI) \$ Enter 50% of this total							
eho	7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement)							
sno	8. TAF payments, general assistance, worker's compensation, grants and scholarships							
Ĭ	9. All other income, including the income of others who resided with you at any time during 2009							
	10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$31,300, you do not qualify for a refund)							
	11. OWNER - 2009 general property taxes (See	instructions)		Mark this box if y delinquent prope		00		
	12. RENTER - Enter total of line 5 amounts from RNT Schedule(s). ENCLOSE all RNT Schedules							
ਰੁ	13. Total. Add lines 11 and 12, but do not enter		00					
efun	14. Using your total household income on line 1	percentage	%					
Ř								
	15. Homestead refund (Multiply line 13 by percentage on line 14)							
	Mark this box if you wish to participat	e in the Refun	d Advanceme	ent Program (see	instructions)			
ynature	I authorize the Director of Taxation or the Director of Ta	_	•			laim.		
S	Claimant's signature	Date	Signature of p	reparer other than cl	aimant Preparer's p	phone number		
IIV	PORTANT: Please allow 20 to 24 weeks to proce	ss your refund.	Renters should a	allow 28 weeks so the	e rent can be verified wit	h your landlord.		
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Ento	riding this information should speed the r in the spaces provided the annual amou	-	-	·			uded on line 10 of this form
		unt of all other		included as no	ousenoia incoi	me on line 10.	
(a) Food Stamps \$		00	(b) Nongove	ernmental Gifts	s\$	00
(c) Child Support \$		00		ents (lump sun		00
(e) Personal and Student Loans\$	0		(f) SSI, Social Security, Veterans or Railroad Disability \$ (enclose documentation)			00
(g) Other (See instructions) Source			(00.00		Amount \$	00
If yes	e property listed above owned by someone of s, did that person reside with you in 2009? property was owned by someone other that s, what amount of the total property tax due to the total property of the homestead property was portion, if any, of the homestead property was property was above.	Yesn you or you and	No N	, did they pay a	ny portion of th	No ne property tax?	Yes No no
	plete the information below for ALL person the they lived with you and whether or not the Name		luded on lines		Form K-40H. Income included on		009. Indicate the number of
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