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

|  | Claimant's Social Security Number |  | First four letters of claimant's last name. Use ALL CAPITAL letters. |  | Claimant's Telephone Number |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & 9 \\ & 9 \\ & \hline 1 \end{aligned}$ | First Name of | Initial | Last Name |  |  | Mark this box if claimant is deceased (See instructions). |
| $\stackrel{0}{4}$ | , Home Address |  |  |  |  | IMPORTANT: Mark this box if name or address has changed |
| $\frac{9}{\square}$ | City |  | State | Zip Code | County Abbreviation, | Mark this box if this is an amended claim |

## Mark this box if claimant is deceased (See instructions) <br> $\square$

 Date of Death $\qquad$$\qquad$ 1 $\qquad$
IMPORTANT: Mark this box if name or address has changed $\square$

Mark this box if this is an amended claim

## YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2009

| MONTH DAY |
| :--- |
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ENCLOSE Social Security Benefit Verification Statement or Schedule DIS

## 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 1954).
2. Disabled or blind for the entire year? Enter the date disability began. See instructions.
3. Dependent child who resided with you and was under 18 years of age for the entire year? Child's name $\qquad$ Enter date of birth (must be prior to 2009)

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 2009 FOR EACH TYPE OF INCOME. See instructions.

4. 2009 Wages OR Kansas Adjusted Gross Income \$ $\qquad$ plus Federal Earned Income Credit \$ $\qquad$ Enter the 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. Total Social Security and SSI benefits, including Medicare deductions, received in 2009 (do not include disability payments from Social Security or SSI) \$ $\qquad$ . Enter $50 \%$ of this total

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11. OWNER - 2009 general property taxes (See instructions).

12. RENTER - Enter total of line 5 amounts from RNT Schedule(s). ENCLOSE all RNT Schedules $\qquad$
13. Total. Add lines 11 and 12 , but do not enter more than $\$ 700$.
eterans benefits (do not include
14. Railroad Retirement benefits and all other pensions, annuities,
disability payments from Veterans and Railroad Retirement).
, and vete . . . . . . .
15. TAF payments, general assistance, worker's compensation, grants and scholarships $\qquad$
16. All other income, including the income of others who resided with you at any time during 2009.
17. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9 . If line 10 is more than $\$ 31,300$, you do not qualify for a refund)

$$
10
$$

14. Using your total household income on line 10 and the Refund Percentage Table, enter your refund percentage
15. Homestead refund (Multiply line 13 by percentage on line 14)
. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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| $\ldots$. | 00 | 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 2009 property tax.

Mark this box if you wish to participate in the Refund Advancement Program (see instructions)
........... $\square$

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. Renters should allow $\mathbf{2 8}$ weeks so the rent can be verified with your landlord.


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:

| (a) Food Stamps . . . . . . . . . . . . \$ |  |  |
| :--- | :--- | :--- |
| (c) Child Support . . . . . . . . . . . . . $\$$ |  | 00 |
|  |  | 00 |
| (e) Personal and Student Loans. . $\$ \square$ |  |  |

(b) Nongovernmental Gifts. . . . . . . . \$
(d) Settlements (lump sum) . . . . . . . \$
(f) SSI, Social Security, Veterans
or Railroad Disability........ \$
(enclose documentation)

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Is the property listed above owned by someone other than you OR you and your spouse? Yes $\square$ No $\square$ If yes, did that person reside with you in 2009? Yes $\square \quad$ No $\square$ If the property was owned by someone other than you or you and your spouse, did they pay any portion of the property tax? $\square$ No $\square$ If yes, what amount of the total property tax due did they pay? $\square$
What portion, if any, of the homestead property was rented or used for business in 2009? $\qquad$ \% (See instructions)

Complete the information below for ALL persons (including yourself) who resided in your household at any time during 2009. 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.

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