



DO NOT STAPLE

FILE THIS CLAIM AFTER DECEMBER 31, 2013, BUT NO LATER THAN APRIL 15, 2014

Claimant's Social Security Number

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

Claimant's Telephone Number

Name and Address

Form with fields for First Name of Claimant, Initial, Last Name, Home Address, 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

TO QUALIFY YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2013 AND OWN YOUR HOME.

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 1958)..
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 Enter date of birth (must be prior to 2013).

Grid for entering birth dates with columns for MONTH, DAY, and YEAR

ENCLOSE Social Security Benefit Verification Statement or Schedule DIS

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 2013 FOR EACH TYPE OF INCOME. See instructions.

Household Income

Table with 10 rows for household income types (Wages, other taxable income, Social Security, etc.) and columns for amount and cents.

Refund

Table with 4 rows for refund calculations (property taxes, allowed amount, percentage, and homestead refund) and columns for amount and percentage.

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

Grid of boxes for completing the back of the form



