



DO NOT STAPLE

FILE THIS CLAIM AFTER DECEMBER 31, 2014, BUT NO LATER THAN APRIL 15, 2015

Claimant's Social Security Number, First four letters of claimant's last name, Claimant's Telephone Number

Name and Address: First Name of Claimant, Initial, Last Name, Home Address, City, State, Zip Code, County Abbreviation

Mark this box if claimant is deceased, 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 2014 AND OWN YOUR HOME.

Qualifications: Answer ONLY the questions that apply to you. 1. Age 55 or over... 2. Disabled or blind... 3. Dependent child... Mark this box if you are filing as surviving spouse...

ENTER THE TOTAL RECEIVED IN 2014 FOR EACH TYPE OF INCOME. See instructions.

Household Income: 4. 2014 Wages OR Kansas Adjusted Gross Income... 5. All taxable income other than wages... 6. Total Social Security and SSI benefits... 7. Railroad Retirement benefits... 8. TAF payments... 9. All other income... 10. TOTAL HOUSEHOLD INCOME

Refund: 11. Percent of the homestead property that was rented... 12. 2014 general property taxes... 13. Amount of property tax allowed... 14. Using your total household income... 15. HOMESTEAD REFUND... Mark this box if you wish to participate in the Refund Advancement Program

Signature: I authorize the Director of Taxation... 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 with empty boxes



Excluded Income

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 | \$ | | 00 | (b) Nongovernmental Gifts | \$ | | 00 |
| (c) Child Support | \$ | | 00 | (d) Settlements (lump sum) | \$ | | 00 |
| (e) Personal and Student Loans | \$ | | 00 | (f) SSI, Social Security, Veterans or Railroad Disability | \$ | | 00 |
| (g) Other (See instructions) Source | | | | (enclose documentation) | | | |
| | | | | Amount \$ | | | 00 |

Members of Household

Complete the information below for ALL persons (including yourself) who resided in your household at any time during 2014. 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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