

KANSAS HOMESTEAD CLAIM

First Name of Claimant Home Address (number and street) City TO QUALIFY YOU MUST Answer ONLY the questions of the control o	,	Last Name	Zip Code	County Abbreviation	Mark this box if cla deceased (See ins Date of Death IMPORTANT: Man name or address h	rk this box if
City TO QUALIFY YOU MUS Answer ONLY the questi	,	State	Zip Code	County Abbreviation	IMPORTANT: Mai	
TO QUALIFY YOU MUS		State	Zip Code	County Abbreviation		
TO QUALIFY YOU MUS		State	Zip Code	County Abbreviation		as changed 📖
Answer ONLY the questi				County Abbreviation	Mark this box if this amended claim	
40			<i>F <u>KANSAS</u></i> THI	E <i>ENTIRE YEAR</i> O	F 2014 AND OWI	N YOUR HOME. YEAR
1. Age 33 of over for the c	entire year? Enter date		oe prior to 1959)			
2. Disabled or blind for the disability began. See in:	entire year? Enter the	e date	ENCLOSE Social			
Dependent child who re Child's name	sided with you and wa			ntire year? rior to 2014)		
Mark this box if you ar member who died in the	e filing as surviving spone line of duty (see instr	use of a disabled uctions for this q	d veteran <i>OR</i> of an qualification and fo	n active duty service r required enclosure s	s).	
ENTER THE TOTAL R	ECEIVED IN 2014 F	OR EACH TY	PE OF INCOM	E. See instruction	ns.	
4. 2014 Wages OR Kansa \$. En	s Adjusted Gross Inco	ne Credit	00			
5. All taxable income other	\$ Enter the total					
6. Total Social Security a	 Total Social Security and SSI benefits, including Medicare deductions, received in 2014 (do not disability payments from Social Security or SSI) Enter 50% of this total 					
disability payments from 7. Railroad Retirement b			00			
disability payments from		00				
8. TAF payments, general assistance, worker's compensation, grants and scholarships						
9. All other income, include	ing the income of othe	rs who resided	with you at any ti	me during 2014		00
10. TOTAL HOUSEHOLD INCO	ME (Add lines 4 through	9. If line 10 is m	nore than \$33,400,	you do not qualify for	a refund)	00
11. Percent of the homeste	ad property that was re	ented or used fo	or business in 201	4 (see instructions) .		%
12. 2014 general property t more than \$350,000 do				Mark this bo delinquent p	x if you have roperty tax.	00
13. Amount of property tax	allowed. Enter amount	from line 12 or	\$700, whichever	is less		00
14. Using your total househ	old income on line 10	and the Refund	Percentage Tabl	e, enter your refund p	ercentage	%
15. HOMESTEAD REFUND (M Important: If you filed Form I	ultiply line 13 by percei ELG with your county, your re	ntage on line 14 efund will be reduce	1) ed by the ELG amoun	t applied to the first half of y	your 2014 property tax.	00
Mark this box if you w	vish to participate	in the Refur	nd Advancem	ent Program (see	instructions) .	
I authorize the Director	or of Taxation or the Dire	ector's designee	to discuss my K-4	IOH and enclosures wi	th my preparer.	
I declare under the penalt	ies of perjury that to t	the best of my	knowledge and l	pelief, this is a true, o	correct and complet	te claim.
Claimant's sig	nature	Date	Signature of	preparer other than o	claimant Prepare	r's phone number
	IMPORTANT:	Please allow 20) to 24 weeks to	process your refund		

Amount \$

(g) Other (See instructions) Source

rroviding 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 o	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 \$ (enclose documentation)	00			

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