K-40PT

(Rev. 7/09)

DO NOT STAPLE

2009
KANSAS PROPERTY TAX RELIEF CLAIM
for Low Income Seniors

135309

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

Name and Address

First Name of Claimant	Initial	Last Name	
Home Address (number and street or rural route)			
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 . . . .

Qualifications

To qualify for this property tax refund you must meet the household income limitation *and* you must have been:

NOTE: If you filed a Form K-40H for 2009, you DO NOT qualify for this property tax refund.

1. A **resident of Kansas** during the entire year of 2009;
2. A **home owner** during 2009; and,
3. Age **65 or ove**r for the entire year. Enter your date of birth (must be prior to 1944) . . . .

MONTH DAY YEAR

Household Income

Enter the total received in 2009 for each type of income. See instructions on the back of this form.

4. 2009 Wages OR Kansas Adjusted Gross Income $ _____________ plus Federal Earned Income Credit $ _____________. Enter the total. 00
5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses. 00
6. Total Social Security and SSI benefits, including Medicare deductions, received in 2009 (do not include disability payments from Social Security or SSI) 00
7. Railroad Retirement benefits **and** all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement). 00
8. TAF payments, general assistance, worker's compensation, grants and scholarships 00
9. All other income, including the income of others who resided with you at any time during 2009. 00
10. TOTAL HOUSEHOLD INCOME. Add lines 4 through 9. If line 10 is more than $17,500, you do not qualify for a refund. 00

Refund

11. General property taxes **paid timely** in 2009 (see instructions on the back of this form). 00
12. PROPERTY TAX REFUND. Multiply the amount on line 11 by 45% (.45). This is the amount of your refund. 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) . . . .

Signature

I authorize the Director of Taxation or the Director's designee to discuss my K-40PT and any 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.

PLEASE COMPLETE THE BACK OF THIS FORM

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.

13. 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 (enclose documentation)

(g) Other (See instructions): Source ____________ Amount $ .00

Members of Household

14. List the names of **ALL persons who resided in your household at any time during 2009.** Specify the number of months they lived with you and report their portion of income **that is included in total household income** on line 10 of this form.

Name	Number of months resided in household	Their portion of income that is included on line 10	Social Security Number
		$ .00	
		$ .00	
		$ .00	
		$ .00	
		$ .00	
		$ .00	

INSTRUCTIONS

MAIL TO: Homestead Claim, Kansas Department of Revenue, 915 SW Harrison Street, Topeka KS 66699-2000