

TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX  
1234 TESTJEFFERSON STREETXXXXXXXXXXXX  
TESTINOFTTTOOPPEEKAA KS 66612-1234

TEST

234007891

SN

7855551212

☒ Claimant died during 2018 - Date of death 05152018 ☒ Name or address has changed? ☒ Filing an amended claim

1. Age 55 or over for the entire year. Enter date of birth	01151963	8. TAF payments, general assistance, worker's compensation, grants and scholarships	43212
2. Disabled or blind for the entire year. Enter date disability began	04051961	9. All other income, including income of others who resided with you at any time during 2018	32123
3. Dependent child who resided with you and was under 18 for the entire year. Enter date of birth of dependent. Enter Child's name	07251998	10. TOTAL HOUSEHOLD INCOME	56789
Check if filing as surviving spouse of a disabled veteran OR an active duty service member who died in the line of duty.	X	11. Percent of the homestead property that was rented or used for business in 2018	212
4a. 2018 Wages OR KAGI	87533	12. 2018 general property taxes, excluding specials (tax on property valued more than \$350,000, does not qualify)	3123
4b. Federal Earned Income Credit	10000	Check if you have delinquent property taxes	X
4c. Add lines 4a and 4b and enter total here	97533	13. Amount of property tax allowed	212
5. All taxable income other than wages/pensions not included in Line 4. Do not subtract net operating/capital losses.	43212	14. Enter your refund percentage	123
6. Total SS & SSI benefits incl. Medicare deductions, received in 2018 (do not include disability payments from SS or SSI). \$ _____ Enter 50% of this total.	32123	15. HOMESTEAD REFUND	789
7. Railroad Retirement benefits AND all other pensions, annuities, & veterans benefits (do not include disability payments from Veterans & Railroad Retirement)	56789		

**YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2018 AND OWN YOUR HOME**

**NOTE:** If you filed Form K-40PT for 2018, you DO NOT qualify for this refund. **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 2018 property tax.

Excluded Income - Income reported here should not be included line 10 of this form. Enter the annual amount of all other income not included as household income on line 10.

(a) Food stamps	98765	(b) Nongovernmental Gifts	87654	(c) Child support	65432
(d) Settlements	95432	(e) Personal and Student Loans	76543	(f) SSI, Social Security, Veterans or Railroad Disability	98765
(g) Other: Source				Amount	18765

Members of Household - Name, Date of birth (MMDDYYYY), Relationship, Months in home, Income included on lines 4-9 (Y OR N), and SSN. Enclose additional sheets if needed.

JOSEPH G SAMPLJAFOWOFJAKEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	Y	0000000000
TIBERIUS H SAJKLAFJAJMPLEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	Y	0000000000
MAREGOLD I SAMLOPIOPSFPLEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000

Check this field if you wish to participate in the Refund Advancement Program. ☒☒ I authorize the Director of Taxation or the Director's designee to discuss my K-40H and enclosure 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 return.

**IMPORTANT: Please allow 20 to 24 weeks to process your refund.**Claimant's  
Signature  
(Required) \_\_\_\_\_ Date \_\_\_\_\_Preparer  
Signature  
(Required) \_\_\_\_\_ Date \_\_\_\_\_ Preparer  
Phone Number \_\_\_\_\_

K-40H

2018 KANSAS HOMESTEAD CLAIM

000

135018

Rev. 7-18

TESTMELXXXXX A TESTWATERSXXXXXXXXXX  
1234 TESTJEFFERSON STREETXXXXXXXXXX  
TESTINOFTTOOPPEEKAA KS 66612-1234

TEST

234007891

SN

7855551212

☒ Claimant died during 2018 - Date of death 05152018 ☒ Name or address has changed? ☒ Filing an amended claim

1. Age 55 or over for the entire year. Enter date of birth 01151963 8. TAF payments, general assistance, worker's compensation, grants and scholarships 43212

2. Disabled or blind for the entire year. Enter date disability began. 04051961 9. All other income, including income of others who resided with you at any time during 2018 32123

3. Dependent child who resided with you and was under 18 for the entire year. Enter date of birth of dependent. Enter Child's name 07251998 10. TOTAL HOUSEHOLD INCOME 56789

Check if filing as surviving spouse of a disabled veteran OR an active duty service member who died in the line of duty. ☒ 11. Percent of the homestead property that was rented or used for business in 2018. 212

4a. 2018 Wages OR KAGI 87533 12. 2018 general property taxes, excluding specials (tax on property valued more than \$350,000, does not qualify) 2123

4b. Federal Earned Income Credit 10000 Check if you have delinquent property taxes ☒

4c. Add lines 4a and 4b and enter total here 97533 13. Amount of property tax allowed 212

5. All taxable income other than wages/pensions not included in Line 4. Do not subtract net operating/capital losses. 43212 14. Enter your refund percentage 123

6. Total SS & SSI benefits incl. Medicare deductions, received in 2018 (do not include disability payments from SS or SSI). \$ 32123 15. HOMESTEAD REFUND 789

7. Railroad Retirement benefits AND all other pensions, annuities, & veterans benefits (do not include disability payments from Veterans & Railroad Retirement) 56789

YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2018 AND OWN YOUR HOME

NOTE: If you filed Form K-40PT for 2018, you DO NOT qualify for this refund. 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 2018 property tax.

Excluded Income - Income reported here should not be included line 10 of this form. Enter the annual amount of all other income not included as household income on line 10.

(a) Food stamps	98765	(b) Nongovernmental Gifts	87654	(c) Child support	65432
(d) Settlements	95432	(e) Personal and Student Loans	76543	(f) SSI, Social Security, Veterans or Railroad Disability	98765
(g) Other: Source				Amount	18765

Members of Household - Name, Date of birth (MMDDYYYY), Relationship, Months in home, Income included on lines 4-9 (Y OR N), and SSN. Enclose additional sheets if needed.

JOSEPH G SAMPLJAFOWOFJAKEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	Y	0000000000
TIBERIUS H SAJKLAFJAJMPLEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	Y	0000000000
MAREGOLD I SAMLOPIOPSFPLEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000

Check this field if you wish to participate in the Refund Advancement Program. ☒

☒ I authorize the Director of Taxation or the Director's designee to discuss my K-40H and enclosure 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 return.

IMPORTANT: Please allow 20 to 24 weeks to process your refund.

Claimant's  
Signature  
(Required) \_\_\_\_\_ Date \_\_\_\_\_

Preparer  
Signature  
(Required) \_\_\_\_\_ Date \_\_\_\_\_ Preparer  
Phone Number \_\_\_\_\_

HOMESTEAD CLAIM  
PO BOX 750260  
TOPEKA KS 66675-0260

For Office Use Only