

K-40H**2018 KANSAS HOMESTEAD CLAIM**

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135018

Rev. 7-18

TESTMELXXXX A TESTWATERXXXXXXX
 1234 TESTJEFFERSON STREETXXXXXXX
 TESTINOFTEOPPEEKAA KS 66612-1234

TEST

234007891

SN

7855551212

<input checked="" type="checkbox"/> Claimant died during 2018 - Date of death	05152018	<input checked="" type="checkbox"/> Name or address has changed?	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>
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
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	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

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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXX	00	N	000000000

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55 Claimant's Signature (Required) _____ Date _____

56 Preparer's Signature (Required) _____ Date _____ Preparer Phone Number _____

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HOMESTEAD CLAIM
PO BOX 750260
TOPEKA KS 66675-0260

For Office Use Only

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