2021 KANSAS HOMESTEAD CLAIM

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	JEFFERSON (TTOOPPEEKK				SN		78555	5121	12	
X Claimant died du	uring 2021 - Date of death	0515	2021	X	Name or add	dress has changed?		Χ	Filing an	amended clain
1. Age 55 or over for the	entire year. Enter date of bi	irth	01	115196	5	TAF payments, general assistance compensation, grants and scholar				43212
2. Disabled or blind for the	he entire year. Enter date dis	sability began	0 4	1051962	2	All other income, including income with you at any time during 2021	e of others wh	o reside	d	32123
	resided with you and was use of birth of dependent. Ente		0	7252003	3	10. TOTAL HOUSEHOLD INCOME enter zero, if more than \$36.600			e,	56789
	ng spouse of a disabled veto no died in the line of duty.	eran OR an active	X			11. Percent of the homestead propused for business in 2021	perty that was	rented of	or	212
4a. 2021 Wages OR KA	GI (If amount is a negative, e	enter zero)	87	7533		12. 2021 general property taxes, exproperty valued more than \$350				3123
4b. Federal Earned zero)	Income Credit (If amount is	a negative, ente	r 1(0000		Check if you have delinquent prope	rty taxes			X
4c. Add lines 4a and enter zero)	4b and enter total here (If am	nount is a negative	, 95	7533		13. Amount of property tax allowed				212
Do not subtract net op	ner than wages/pensions not perating/capital losses.		4.	3212		14. Enter your refund percentage				123
	its incl. Medicare deductions ity payments from SS or SSI I.			2123		15. HOMESTEAD REFUND				789
NOTE: If you file you DO I	HAVE BEEN A ed Form K-40PT fo NOT qualify for this	r 20 <mark>21,</mark> s refund.	NT OF KA	RTANT: If y	ou filed F the ELG	IRE YEAR OF 2021 form ELG with your coun amount applied to the fire	ty, your re	efund	will be	reduced
Excluded Income - Incom	·	be included line 1	0 of this form. En	ter the annual ar						
/ \ F						her income not included as househol	d income on li	ne 10.		
(a) Food stamps	98765	(b) Nongo	overnmental Gifts	876	554	her income not included as househol		ne 10. ild suppo	ort	65432
(a) Food stamps (d) Settlements	98765 95432	., .	overnmental Gifts and Student Loans		554	her income not included as househol (f) SSI, Social Security, Vetera	(c) Chi	ild suppo		98765
		., .		876	554		(c) Chi	ild suppo	ty _	
(d) Settlements (g) Other: Source	95432	(e) Personal ar	nd Student Loans	876 765	554 543		(c) Chi ans or Railroac	ild suppo I Disabili Amoui	ty nt d.	98765 18765
(d) Settlements (g) Other: Source Members of Household	95432	(e) Personal ar	nd Student Loans	876 765 me, Income inclu	654 543 uded on lines -	(f) SSI, Social Security, Vetera	(c) Chi ans or Railroad ditional sheets	ild suppo I Disabili Amoui	ty nt d.	98765 18765 00000
(d) Settlements (g) Other: Source Members of Household JOSEPH G TIBERIUS	95432 -Name, Date of birth (MMDI SAMPLJAFOW) H SAJKLAFJ	(e) Personal ar DYYYY), Relation OFJAKE F AJMPLE F	od Student Loans ship, Months in ho PETEST PETEST	876 765 me, Income inclu 000000	554 543 uded on lines	(f) SSI, Social Security, Vetera	(c) Chi ans or Railroad ditional sheets 0 0 0 0	ild suppo I Disabili Amoui if needed	ty	98765 18765 000000
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K-40H 2021 KANSAS	, 110111121 27 2							
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1234 TESTJEFFERSON STREETXX								
TESTINOFTTTOOPPEEKKAA KS 66	612-1234	SN		78	555512	212		
X Claimant died during 2021 - Date of death 05152	021 X	Name or address h	as changed?		X	Filing	an amend	ed claim
Significant ded during 2021 - Date of death 0.515.2	OZI A	Ivanic of addices in	as criangeu:		Λ	1 11119	all allicito	cu ciaiiii
. Age 55 or over for the entire year. Enter date of birth	0115196		F payments, general npensation, grants a				43	212
	0405106	9. All	other income, includ	ing income of	others who resi	ided	20	100
Disabled or blind for the entire year. Enter date disability began. Dependent child who resided with you and was under 18 for the	0405196		n you at any time dur				32	123
entire year. Enter date of birth of dependent. Enter Child's name	0725200		OTAL HOUSEHOLD				56	789
Check if filing as surviving spouse of a disabled veteran OR an active luty service member who died in the line of duty.	X		ercent of the homest ed for business in 20		hat was rented	or		212
ta. 2021 Wages OR KAGI (If amount is a negative, enter zero)	87533		021 general property				3	123
2 - 1 - 1 - 2 - 2 - 2 - 2 - 1 - 1 - 1 -			operty valued more	han \$350,000	, does not qual	ify)		123
4b. Federal Earned Income Credit (If amount is a negative, enter zero)	10000	Chec	k if you have delinqu	ent property ta	ixes.		Х	
4c. Add lines 4a and 4b and enter total here (If amount is a negative,	07500							010
enter zero)	97533	13. Ai	mount of property tax	allowed.				212
All taxable income other than wages/pensions not included in Line 4. Do not subtract net operating/capital losses.	43212	14. Ei	nter your refund perc	entage				123
Total SS & SSI benefits incl. Medicare deductions, received in 2021 (do not include disability payments from SS or SSI). \$								
Enter 50% of this total.	32123	15. H	OMESTEAD REFUN	ID D				789
'. Railroad Retirement benefits AND all other pensions, annuities, &								
veterans benefits (do not include disability payments from Veterans	56700							
veterans benefits (do not include disability payments from Veterans & Railroad Retirement)	56789							
& Railroad Retirement)		HE ENTIRE	VEAR OF	2021 A	ND OW	ı voi	IB HC	ME
& Railroad Retirement) YOU MUST HAVE BEEN A RESIDENT	OF KANSAS TI							-
& Railroad Retirement) YOU MUST HAVE BEEN A RESIDENT	OF KANSAS TI		ELG with you	ır county,	your refun	ıd will b	e redu	ced
& Railroad Retirement) YOU MUST HAVE BEEN A RESIDENT NOTE: If you filed Form K-40PT for 2021, you DO NOT qualify for this refund. xcluded Income - Income reported here should not be included line 10 of	OF KANSAS TI IMPORTANT: If by this form. Enter the annual a	you filed Form the ELG amo	ELG with you unt applied to	r county, the first h	your refun alf of your	nd will b • <mark>2021</mark>	e reduc propert	ced y tax.
& Railroad Retirement) YOU MUST HAVE BEEN A RESIDENT NOTE: If you filed Form K-40PT for 2021, you DO NOT qualify for this refund. Excluded Income - Income reported here should not be included line 10 of a) Food stamps 98765 (b) Nongovern	OF KANSAS TI IMPORTANT: If y by f this form. Enter the annual a	you filed Form the ELG amo mount of all other inco 654	ELG with you unt applied to ome not included as	Ir county, the first h	your refunnalf of your ome on line 10. (c) Child su	nd will b	property	ced y tax. 432
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