| K-40SVR | 202 | 23 | | 000 | K-40SVR | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------|---------------------------------------------|-------------------------------|----------------------------------------------|
| (Rev. 7-23) KAI | NSAS PROPERTY SENIORS and DIS | TAX REI | LIEF CLAIM /ETERANS | | Page 1 137023 | |
| TESTMELXXXXX A TESTWA 1234 TESTJEFFERSON ST | | | EST | 2340 | 0789 | 90 |
| TESTINOFTTOOPPEEKKAAA | | | Ν | 7855 | 55512 | 212 |
| X Claimant died during 2023 - Date of death | 05152023 | X Name o | r address has changed? | | Х | Filing an amended claim |
| NOTE: If you file | ed a <i>K-40H or K-40PT</i> | for 2023, y | ou DO NOT q | ualify for this re | əfund. | |
| Qualifications - To qualify for this prope homestead in both 2023 | erty tax refund you must ha | | | | ned and | occupied the same |
| 1. Age 65 or over for the entire base year | ? Enter your date of birth (m | ust be prior to | 1958). | | | 01151957 |
| 2. Disabled veteran for the entire base ye | ar and claim year? Enter the NCLOSE your Veterans Affa | | | ty rating. | | 07151979 |
| 3. X Mark this box if you are filing as a s previously received benefits from th SSN, and date of death in the space Name of deceased claimant | ne SVR program at the time o ces provided. See instruction SSN of deceased claim | f their death ar s for this qualit | id provide the dece ication and for the Date of death of decease | eased claimant's nar required enclosures | ne, | |
| TESTMELXXXXX A TESTWATERSXXXXXX | XXXX 234007890 | | 05152022 | | | |
| 4. 2023 Wages OR KAGI \$ 87533 (If amount(s) are a negative, enter zero.) | plus Federal Earned Inc | come Credit \$ | 10000 | Enter the total. | | 60789 |
| 5. All taxable income other than wages an | nd pensions not included in li | ne 4. (Do not si | ubtract net operating | and capital losses.) | | 70212 |
| 6. Total Social Security and SSI benefits, Social Security or SSI). \$ 10000 | including Medicare deductio , enter 50% of this total. | ns, received in | 2023 (do not includ | e disability payments fi | om | 80123 |
| Railroad Retirement benefits and all of Veterans and Railroad Retirement.) | her pensions, annuities, and | l veterans ben | efits. (Do not include | e disability payments fi | om | 90789 |
| 8. TAF payments, general assistance, wo | rker's compensation, grants | and scholarsh | ps. | | | 10212 |
| 9. All other income, including income of o | thers who resided with you a | t any time duri | ng 2023. | | | 11123 |
| 10. TOTAL HOUSEHOLD INCOME. (Add I | ines 4 – 9. If line 10 is more than | 1 \$53,600, you do | o not qualify for a refu | ind.) | | 12789 |
| 11. 2023 general property taxes (excluding Mark this box if you have delinquent pr | , , , | | | | | 1323 |
| 12. Record base year, 2023 general property taxes (excluding specials) p | homestead's appraised valu baid for the base year | ue in the base | year\$ 35000 | 0 and | | 1489 |
| 13. PROPERTY TAX REFUND. (Subtract lin | ne 12 from line 11). | | | | | 1523 |
| Check if you wish to participate in the R | efund Advancement Progr | ram. X | | | | |
| X I authorize the Director of Taxation or the Director I declare under the penalties of perjury that to the | · · | | | | | |
| Oleineath | | | | IMPORTA | | e allow 20 to 24 weeks ocess your refund. |
| Claimant's Signature (Required) | Da | ate | | | | |
| Preparer Signature (Required) | Preparer Phone Numb | er | | Preparer PTIN, EII (F | N, or SSN Required) | P03465080 |
| | | | | | | |
| | | | F | or Office Use (| Only | |

| K. | -40SVR | | 2023 | | 000 K-40SVR | |
|----------------------------|------------------------------------------------------------------|---------------------------------------|----------------------------|--------------------------------------------------------------|------------------------------------------|---------------------------------------------|
| (Rev. 7- | -23) | KANSAS PROF | PERTY TA | (RELIEF CLAIM ED VETERANS | Page 1 | |
| | | TOT SENIORS a | | | | |
| TES | STMELXXXXX A TE | STWATERSXXXXX | XXXXX | TEST | 23400789 | 0 |
| | 4 TESTJEFFERSO | | | | | |
| res | STINOFTTOOPPEEK | KAAA KS 66612 | -1234 | SN | 78555512 | |
| X | Claimant died during 2023 - Date of d | eath 05152023 | X | Name or address has changed? | X | Filing an amended claim |
| ^ | | 00102020 | | | | |
| | NOTE: If y | /ou filed a <i>K-40H or</i> | K-40PT for 2 | 023, you DO NOT qua | alify for this refund. | |
| 0 | | | | | | |
| Quali | fications - To qualify for thi homestead in bo | | | he question(s) that apply to | | |
| 1 Δ | ge 65 or over for the entire ba | ase vear? Enter your date (| of birth (must be i | prior to 1958) | | 01151957 |
| 1. 7 | | | | | | |
| 2. Di | isabled veteran for the entire | base year and claim year? | ' Enter the date th | he disability began. | | 07151979 |
| | | ENCLOSE your Vet | erans Affairs Awa | ard Letter showing disability | rating. | |
| | | | | | | |
| 3. X | | | | ran or person 65 years of ag death and provide the decea | | |
| | SSN, and date of death in Name of deceased claimant | | instructions for th | is qualification and for the re Date of death of deceased | | |
| TESI | TMELXXXXX A TESTWATERS | | 07890 | 05152022 | | |
| | | | | | | |
| | 023 Wages OR KAGI \$ 8 amount(s) are a negative, enter a | | Earned Income C | Credit \$ 10000 . Er | iter the total. | 60789 |
| | Il taxable income other than v | · · · · · · · · · · · · · · · · · · · | oludod ip lipo 4 (| | | 70212 |
| | | | ` | | | 10212 |
| | otal Social Security and \$SI b ocial Security or SSI). \$ 10 | 000, enter 50% of th | | erved in 2023 (do not include o | disability payments from | 80123 |
| 7 0 | ailroad Retirement benefits a | and all other penaional app | uitice and voter | | | |
| | eterans and Railroad Retirement. | | ulles, and velera | | isability payments from | 90789 |
| 0 T | | | | | | 10010 |
| 8.17 | AF payments, general assista | ince, worker's compensatio | on, grants and sc | noiarsnips. | | 10212 |
| 9. AI | ll other income, including inco | ome of others who resided | with you at any ti | me during 2023. | | 11123 |
| | | | | | | |
| 10. T (| OTAL HOUSEHOLD INCOM | E. (Add lines 4 – 9. If line 10 is | s more than \$53,60 | 0, you do not qualify for a refund | d.) | 12789 |
| | | | | | | 1202 |
| | 023 general property taxes (e lark this box if you have delin | | | | | 1323 |
| IV | | | | | | |
| 12. R | ecord base year, 2023 | ; homestead's appr | raised value in th | e base year \$ 350000 | and | |
| ge | eneral property taxes (excluding s | pecials) paid for the base year | · | | | 1489 |
| 40 D I | | | | | | 1523 |
| 13. PI | ROPERTY TAX REFUND. (S | uptract line 12 from line 11). | | | | 1523 |
| Chec | k if you wish to participate | in the Refund Advancem | ent Program. | X | | |
| | | | | | | |
| X | I authorize the Director of Taxation or | the Director's designee to discuss r | ny K-40SVR and enclo | osure with my preparer. | | |
| | I declare under the penalties of perjur | y that to the best of my knowledge a | and belief this is a true, | , correct, and complete return. | IMPORTANT: Please | e allow 20 to 24 weeks |
| | | | | | | e allow 20 to 24 weeks cess your refund. |
| Claimar Signatu | Ire | | Dete | | | |
| (Requir | | | Date | | | |
| Prepare | | | Prenarer | | | |
| Signatu (Requir | | | Preparer Phone Number | | Preparer PTIN, EIN, or SSN (Required) | P03465080 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | Fo | r Office Use Only | |

| K-40SVR | 202 KANSAS PROPERTY T for SENIORS and DISA | AX RELIEF CLAIM | K-40SVR Page 2 137123 | |
|----------------------------------------------------|--------------------------------------------------|---------------------------------------|------------------------------------|------------------|
| TESTMELXXXXX A TES | TWATERSXXXXXXXXXXX | TEST | 234007890 | |
| Excluded Income: Providing this information sho | uld speed up the processing of yo | ur claim. Income reported here should | d not be included on line 1 | I0 of this form. |
| 14. Enter in the spaces provided the | annual amount of all other income | not included as household income on | line 10: | |
| (a) Food stamps | 98714 | (b) Nongovernmental Gifts | | 98717 |
| (c) Child support | 98715 | (d) Settlements (lump sum) | | 98718 |
| (e) Personal and Student Loans | 98716 | (f) SSI, Social Security, Veterans or | Railroad Disability | 98719 |
| (g) Other: Source | | | Amount | 98720 |

Members of Household:

15. List the names of ALL persons who resided in your household at any time during 2023. Specify the number of months they lived with you and report their portion of income that is included in the total household income on line 10. Enclose additional sheets if needed and only after completing the 15 lines below.

| Name | # of Months | Portion of income that is included on line 10 | SSN |
|-----------------------------------------|-------------|-----------------------------------------------|-----------|
| TESTTIBERIOUS J TESTERSAMPLEPERSONS | 12 | 13212 | 123456781 |
| MAREGOLD M TESTERSAMPLEPERSONS | 12 | 23212 | 234567892 |
| JOSEPH J TESTERSAMPLEPERSONS | 12 | 33212 | 345678903 |
| *************************************** | 00 | 00000 | 00000004 |
| *************************************** | 00 | 00000 | 000000005 |
| *************************************** | 00 | 00000 | 00000006 |
| *************************************** | 00 | 00000 | 00000007 |
| *************************************** | 00 | 00000 | 00000008 |
| *************************************** | 00 | 00000 | 00000009 |
| *************************************** | 00 | 00000 | 00000010 |
| *************************************** | 00 | 00000 | 000000011 |
| *************************************** | 00 | 00000 | 00000012 |
| *************************************** | 00 | 00000 | 00000013 |
| *************************************** | 00 | 00000 | 00000014 |
| *************************************** | 00 | 00000 | 00000015 |
| | | | |

| | | | 2 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------|------------------------------------------|
| | 42 44 46 48 50 5 | 2 54 56 58 60 62 64 | |
| (7-23) KANSAS PROPERTY for SENIORS and DISA | | | K-40SVR 4 Page 2 137123 5 6 |
| | | | 7 |
| TESTMELXXXXX A TESTWATERSXXXXXXXXXX | TEST | 234 | 1007890 8 9 |
| Excluded Income: Providing this information should speed up the processing of yo | | ported here should not be in | 10 10 soluded on line 10 of this form |
| | | | 12 |
| 14. Enter in the spaces provided the annual amount of all other income | | | 13 14 |
| 5 (a) Food stamps 98714 | (b) Nongovernmer | ntal Gifts | 98717 15 |
| 7 (c) Child support 98715 | (d) Settlements (lu | mp sum) | 98718 17 |
| e (e) Personal and Student Loans 98716 | (f) SSI, Social Sec | urity, Veterans or Railroad I | Disability 98719 19 20 |
| 0 (g) Other: Source | | | Amount 98720 21 |
| 2 | | | 22 23 |
| Members of Household: 5 15. List the names of ALL persons who resided in your household at any | | | |
| their portion of income that is included in the total household income lines below. | on line 10. Enclose a | additional sheets if needed a | and only after completing the 15 26 |
| Name Name | # of Months | Portion of income that is included on line 10 | SSN 28 |
| 9 • TESTTIBERIOUS J TESTERSAMPLEPERSONS | 12 | 13212 | 29 123456781 30 |
| MAREGOLD M TESTERSAMPLEPERSONS | 12 | 23212 | 31 234567892 32 |
| 3 4 JOSEPH J TESTERSAMPLEPERSONS | 12 | 33212 | 33 345678903 34 |
| | 00 | 00000 | 35 000000004 36 |
| 7 | | | 37 |
| 8 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 00 | 00000 | 00000005 38 39 |
| 0 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 00 | 00000 | 00000006 40 41 |
| 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 00 | 00000 | 00000007 42 |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | 00 | 00000 | 00000008 44 |
| 5 6 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 00 | 00000 | 45 000000009 46 |
| 7 8 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 00 | 00000 | 47 000000010 48 |
| » > XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 00 | 00000 | 49 000000011 50 |
| 1 2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 00 | 00000 | 51 |
| 3 | | | 53 |
| 4 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 00 | 00000 | 00000013 54 |
| 5 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 00 | 00000 | 00000014 56 |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 00 | 00000 | 00000015 58 |
| 0 | | | 60 |
| | STEAD CLAIM 30X 750260 | | 61 |
| | KS 66699-0260 | 2 54 56 58 60 62 64 | 63 66 68 70 72 74 76 78 80 |
| 5 | | | 65 |