K-40H 2024 KANSAS HO		M 000 K-40H Page1 135024	
TESTMELXXXXX A TESTWATERSXXXXX 1234 TESTJEFFERSON STREETXXXXXX		ST 23400789	1
TESTINOFTTTOOPPEEKKAA KS 66612-		78555512	12
X Claimant died during 2024 - Date of death 05152024	X Name or a	ddress has changed? X	Filing an amended claim
1. Age 55 or over for the entire year. Enter date of birth	01151969	8. TAF payments, general assistance, worker's compensation, grants and scholarships	43212
2. Disabled or blind for the entire year. Enter date disability began	04051964	 All other income, including income of others who reside with you at any time during 2024 	^{ad} 32123
 Dependent child who resided with you and was under 18 for the entire year. Enter date of birth of dependent. Enter Child's name 	07252005	 TOTAL HOUSEHOLD INCOME (If amount is a negative enter zero, if more than \$42,600 you do not qualify.) 	^{re,} 56789
Check if filing as surviving spouse of a disabled veteran OR an active duty service member who died in the line of duty. (see instructions)	Х	11. Percent of the homestead property that was rented used for business in 2024	^{or} 100
4a. 2024 Wages OR KAGI (If amount is a negative, enter zero)	87533	12. 2024 general property taxes, excluding specials (tax o property valued more than \$350,000, does not qualify	
4b. Federal Earned Income Credit (If amount is a negative, enter zero)	10000	Check if you have delinquent property taxes	Х

4c. Add lines 4a and 4b and enter total here (If amount is a negative, enter zero)	97533	13. Amount of property tax allowed
 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
 Total SS & SSI benefits incl. Medicare deductions, received in 2024 (do not include disability payments from SS or SSI). \$ Enter 50% of this total. 	32123	15. HOMESTEAD REFUND
 Railroad Retirement benefits AND all other pensions, annuities, & veterans benefits (do not include disability payments from Veterans & Railroad Retirement) 	56789	

veterans benefits (do not include disability payments from Veterans & Railroad Retirement)

YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2024 AND OWN YOUR HOME

NOTE: If you filed a K-40PT or K-40SVR for 2024, 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 2024 property tax.

212

100

789

Excluded Income - Inc	come reported here shoul	ld not be included line 10 of this form. En	ter the annual amount of a	all other income not included as household i	ncome on	line 10.	
(a) Food stamps	98765	(b) Nongovernmental Gifts	87654		(c) Cl	nild supp	ort 65432
(d) Settlements	95432	(e) Personal and Student Loans	76543	(f) SSI, Social Security, Veterans	s or Railroa	d Disabil	ity 98765
(g) Other: Source						Amou	int 18765
Members of Househol	d - Name, Date of birth (I	MMDDYYYY), Relationship, Months in ho	me, Income included on li	nes 4-9 (Y OR N), and SSN. Enclose addition	onal sheets	if neede	ed.
JOSEPH G	SAMPLJAF	OWOFJAKEPETEST	00000000	XXXXXXXXXXXXXXXX	00	Y	000000000
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Check this field if you wish to participate in the Refund Advancement Program.

Х

Х 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 a to proce	allow 20 to 24 weeks ess your refund.
Claimant's Signature (Required)	Date		
Preparer Signature (Required)	Preparer Phone Number	Preparer PTIN, EIN or SSN	P03465080

ESTMELXXXX A TESTWATERSXXXXXXX TEST 234007891 2.34 TESTJEFFERSON STREETXXXXXXXXXX ESTINOFTTTOOPPEEKKAA KS 66612-1234 SN 7855551212 Caimani ded duing 3024 - Date of dealh 0.51.52024 X Numé or address has changeo? X Filing an amonded daim Age 55 or over for the entire year: Enter date of bith 0.1151969 8.747 payments, general assistance, worker's 4.3212 Daabed or bind for the entire year: Enter date of bith 0.1151969 8.747 payments, general assistance, worker's 4.3212 Daabed or bind of the entire year: Enter date disability began 0.4051964 9.410ther income; including nocene of others who resided 322123 Dependent child who resided with you and was under 18 for the entire year. Enter date disability began 0.72.520.05 10.72.520.00 10.00 Name or address dams 0.72.53.3 12.2024 general property taxes 10.00 vactor enter the value, enter of the formation of a nactive transformation of an engative, enter of the formation far address of an engative, enter of as a negative, enter 10.00,0 Check if you have dealing them of 3.300.00, doer not qualify) 312.23 46. Add fibre 4 and 4b and entrol tal and out (if amount is a negative, enter 9.75.33 13. Amount of property taxes. X 46. Add fibre 4 and 4b and entrol	K-40H 2024 KANSAS H			000	K-40H Page1 135024	
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