K-40PT 2024 PRO f	KANSAS PERTY TAX RELI or Low Income S	EF CLAIM eniors	0 0 0 K-40PT Page 1 135124	
TESTMELXXXXX A TESTWATERS 1234 TESTJEFFERSON STREET		TEST	23400789	0
TESTINOFTTOOPPEEKKAAA KS	66612-1234	SN	78555512	12
X Claimant died during 2024 - Date of death 0.51	.52024 X	Name or address has changed?	Х	Filing an amended claim
NOTE: If you filed a <i>K</i> -	40H or K-40SVR for 2	2024, you DO NOT q	ualify for this refund.	
Qualifications - To qualify for this property tax	refund you must meet the	household income limita	tion <i>and</i> you must have be	en:
1. A resident of Kansas during the entire year of 20)24;			
2. A home owner during 2024 and,				
3. Age 65 or over for the <i>entire</i> year. Enter your d	ate of birth (must be prior to	9 1959).		01151957
4. 2024 Wages OR KAGI \$ 87533 plus I (If amount(s) are a negative, enter zero.)	Federal Earned Income Cre	dit \$ 10000 . Ente	r the total.	43212
5. All taxable income other than wages and pension	ons not included in line 4. D	o not subtract net operating	and capital losses.	32123
6. Total SS and SSI benefits including Medicare d	eductions, received in 2024	(do not include disability pa	ayments from SS or SSI).	56789
7. RR benefits and all other pensions, annuities, a	nd veterans benefits (do no	t include disability payment	s from Veterans and RR).	43212
8. TAF payments, general assistance, worker's co	mpensation,grants and sch	olarships.		32123
9. All other income, including income of others wh	o resided with you at any tir	ne during 2024.		56789
10. TOTAL HOUSEHOLD INCOME. Add lines 4 th (If amount is a negative, enter zero.)	nrough 9. If line 10 is more t	han \$24,500, you do not qu	alify for a refund.	43212
11. General property taxes paid timely in 2024, ex	cluding specials. (Tax on pr	operty valued at more than	\$350,000 does not qualify.)	2123
12. PROPERTY TAX REFUND. Multiply the amou	nt on line 11 by 75% (.75).	This is the amount of your r	efund.	6789
IMPORTANT: If you filed the ELG a	Form <i>ELG</i> with your of mount applied to the fi		-	
Check if you wish to participate in t		•		
I declare under the penalties of perjury that to the best of n			IMPORTANT: Please al	
Claimant's				ss your refund.

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

Preparer PTIN, EIN, or SSN (Required) P03465080

K-40PT 2024	KANSAS	000		320 III
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	for Low Income Ser	niors	135124	10 10 10 10 10 10 10 10 10 10 10 10 10 1
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1234 TESTJEFFERSON S'	TREETXXXXXXXXX			
TESTINOFTTOOPPEEKKAA	A KS 66612-1234	SN	7855551212	2
X Claimant died during 2024 - Date of death	05152024 X N	lame or address has changed?	XF	iling an amended clair
NOTE: If you file	ed a <i>K-40H</i> or <i>K-40SVR</i> for 20	24, you DO NOT qualify f	or this refund.	
Qualifications To qualify for this prop	party tax refund you must most the be	upphald income limitation and		
Qualifications - To qualify for this prop	lerty tax refund you must meet the no		you must have been	
1. A resident of Kansas during the entire y	year of 2024;			
2. A home owner during 2024 and,				
3. Age 65 or over for the entire year. Ent	er your date of birth (must be prior to 19	959).		01151957
4. 2024 Wages OR KAGI \$ 87533 (If amount(s) are a negative, enter zero.)	plus Federal Earned Income Credit	\$ 10000 . Enter the tota		43212
5. All taxable income other than wages a	nd pensions not included in line 4. Do n	ot subtract net operating and cap	tal losses.	32123
6. Total SS and SSI benefits including Me	edicare deductions, received in 2024 (de	o not include disability payments f	rom SS or SSI).	56789
7. RR benefits and all other pensions, and	nuities, and votorans bonofits (do not in	clude disability payments from Va	torans and PP)	43212
				45212
8. TAF payments, general assistance, wo	orker's compensation,grants and schola	rships.		32123
9. All other income, including income of o	thers who resided with you at any time	during 2024.		56789
10. TOTAL HOUSEHOLD INCOME. Add	lines 4 through 9. If line 10 is more that	n \$24,500, you do not qualify for a	a refund.	43212
(If amount is a negative, enter zero.)				
11. General property taxes paid timely in	2024, excluding specials. (Tax on prope	erty valued at more than \$350,000) does not qualify.)	2123
12. PROPERTY TAX REFUND. Multiply 1	the amount on line 11 by 75% (.75). Thi	is is the amount of your refund.		6789
	ou filed Form <i>ELG</i> with your cou ELG amount applied to the first			
	ipate in the Refund Advancement Pro	ogram. X		
X I authorize the Director of Taxation or the Direc	tor's designee to discuss my K-40PT and enclosure	with my preparer.		
	he best of my knowledge and belief this is a true, co			
			IPORTANT: Please allow to process	v 20 to 24 weeks your refund.
Claimant's	Date			
(Required)				
Signature (Required)	Preparer Phone Number	Prepa	rer PTIN, EIN, or SSN (Required)	P03465080
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		For Office	e Use Only	

2024 KANSAS PROPERTY TAX RELIEF CLAIM for Low Income Seniors



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Excluded Income -

K-40PT

Providing this information should speed up the processing of your claim. Income reported here should not be included on line 10 of this form.

13. Enter in the spaces provided the annual amount of all other income not included as household income on line 10:

(a) Food stamps	98765	(b) Nongovernmental Gifts		98765
(c) Child support	98765	(d) Settlements (lump sum)		98765
(e) Personal and Student Loans	98765	(f) SSI, Social Security, Veterans or Railroad Di	isability	98765
(g) Other: Source			Amount	98765

Members of Household -

14. List the names of **ALL** persons who resided in your household **at any time** during 2024. 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	000000015

(c) Child support 98765 (d) Settlements (lump sum) 9876 (e) Personal and Student Loans 98765 (f) SSI, Social Security, Veterans or Railroad Disability 9876	K-40PT	2024 KANSA PROPERTY TAX RI for Low Income	S ELIEF CLAIM e Seniors	000 k	-40PT
Providing this information should speed up the processing of your claim. Income reported here should not be included on line 10 of this form 13. Enter in the spaces provided the annual amount of all other income not included as household income on line 10: a) Food stamps 987.65 (b) Nongovernmental Gits 987.65 a) Food stamps 987.65 (c) Nongovernmental Gits 987.65 a) Food stamps 987.65 (c) SEI. Social Security. Veterans or Railroad Disability 987.65 a) Other: Source Amount 987.65 (f) SEI. Social Security. Veterans or Railroad Disability 987.65 a) Other: Source Amount 987.65 (f) SEI. Social Security. Veterans or Railroad Disability 987.66 a) Other: Source Amount 987.65 (f) SEI. Social Security. Veterans or Railroad Disability 98.76 distribution of the information of the operation of the operation of the operation of moone that is included in your household at any time during 2024. Specify the number of moones that is included in the total household income on line 10. SSN FESTTIBERIOUS J TESTERSAMPLEPERSONS 12 132.12 234.56.78.92 JOSEPH J TESTERSAMPLEPERSONS 12 332.12 34.56.78.90 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TESTMELXXXXX A	TESTWATERSXXXXXXXXXX	TEST	2340	07890
3. Enter in the spaces provided the annual amount of all other income not included as household income on line 10: a) Food stamps 98765 (b) Nongovernmental Gitts 9876 c) Child support 98765 (c) Stellements (lump sum) 9876 e) Personal and Student Loans 98765 (c) SSI. Sodal Security. Veterans or Railroad Disability 9876 g) Other. Source Amount 9876 for the spaces provided the total household at any time during 2024. Specify the number of months they lived with you and report there portion of income that is included in the total household income on line 10. Enclose additional sheets if needed and only affer completing the lines below. TESTTIBERIOUS J TESTERSAMPLEPERSONS 12 13212 123456781 4ARECOLD M TESTERSAMPLEPERSONS 12 33212 34567892 TOSEPH J TESTERSAMPLEPERSONS 12 33212 345678903 KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
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a) Other: Source Amount 9876 Amount 9876 A	c) Child support	98765	(d) Settlements (lu	mp sum)	98765
Armbers of Household - 4. List he names of ALL persons who resided in your household at any time during 2024. 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 residue of line total household income on line 10. Enclose additional sheets if needed and only after completing the residue of line total household income on line 10. Enclose additional sheets if needed and only after completing the residue of line total household income on line 10. Enclose additional sheets if needed and only after completing the residue of line total household income on line 10. Enclose additional sheets if needed and only after completing the residue of line total household income on line 10. Enclose additional sheets if needed and only after completing the residue of lines total household income on line 10. Enclose additional sheets if needed and only after completing the residue of lines total household income on line 10. Enclose additional sheets if needed and only after completing the residue of lines to a single of lines to a	e) Personal and Student Loar	ns 98765	(f) SSI, Social Sec	urity, Veterans or Railroad Disa	ability 98765
Its Liste names of ALL persons who resided in your household at any time during 2024. Specify the number of months they lived with you and regeleration of income that is included in the total household income on line 10. Enclose additional sheets if needed and only after completing the lines below. Name # of Months Periton of income that is included in the total household income on line 10. Enclose additional sheets if needed and only after completing the lines below. Name # of Months Periton of income that is included on line 10. SNN TESTTIBERIOUS J TESTERSAMPLEPERSONS 12 13212 234567892 JOSEPH J TESTERSAMPLEPERSONS 12 33212 345678903 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	g) Other: Source			<i>F</i>	mount 98765
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 rise below. Name # of Months Portion of income that is included on line 10. SSN TESTTIBERIOUS J TESTERSAMPLEPERSONS 12 13212 234567892 JAREGOLD M TESTERSAMPLEPERSONS 12 33212 345678903 VAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
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MAREGOLD M TESTERSAMPLEPERSONS 12 23212 234567892 JOSEPH J TESTERSAMPLEPERSONS 12 33212 345678903 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Name	# of Months		SSN
JOSEPH J TESTERSAMPLEPERSONS 12 33212 345678903 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TESTTIBERIOUS J	TESTERSAMPLEPERSONS	12	13212	123456781
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	AREGOLD M TEST	ERSAMPLEPERSONS	12	23212	234567892
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	JOSEPH J TESTER	SAMPLEPERSONS	12	33212	345678903
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	****	*****	00	00000	000000015
HOMESTEAD CLAIM PO BOX 750260					

If you filed a Form K-40H for 2024, you cannot claim this refund.

NAME AND ADDRESS

Use the instructions for Form K-40H on page 4 to complete the personal information at the top of Form K-40PT.

QUALIFICATIONS

Lines 1 through 3: You must have been 65 years of age or older (born before January 1, 1959), a resident of Kansas all of 2024 and a home owner during 2024. If you meet these qualifications, enter your date of birth on line 3.

HOUSEHOLD INCOME

Enter on lines 4 through 10 the annual income amounts received by you and your spouse during 2024. Enter on line 9 the income of ALL other persons who lived with you at any time during 2024.

- **Lines 4 and 5:** Use the instructions for lines 4 and 5 of Form K-40H that begin on page 4 to complete lines 4 and 5 of Form K-40PT.
- Line 6: Enter the total Social Security and Supplemental Security Income (SSI) benefits received by you and your spouse. Include amounts deducted for Medicare, any Social Security death benefits, and any SSI payments not shown on the annual benefit statement. Do not include Social Security or SSI "disability" payments. (NOTE: Social Security disability or SSI payments become regular Social Security payments when a recipient reaches full retirement age 65. These Social Security disability payments, that were once Social Security disability or SSI payments, are NOT included in household income.) Enter the annual amount of any Social Security disability benefits and Social Security payments of a person who has reached full retirement age 65 who had previously been receiving Social Security disability payments, in the Excluded Income section on the back of Form K-40PT and enclose a benefit statement or award letter with your claim.

If you do not have your statement of Social Security benefits, use the method given for line 6 of Form K-40H to compute your total received in 2024. Instructions are on page 4.

- **Lines 7 through 9:** Use the instructions for lines 7 9 of Form K-40H on page 5 to complete these lines on Form K-40PT.
- Line 10: Add lines 4 through 9 and enter the result. If line 10 is more than \$24,500 you **do not qualify** for a refund.

REFUND

Line 11: Enter the total 2024 general property tax you paid as shown on your real estate tax statement. Enter only timely paid tax amounts. For a list of items that you cannot include see the instructions for line 12 of Form K-40H on page 5.

If you are filing on behalf of a claimant who died during 2024, the property tax must be prorated based on the date of death. To determine the property tax amount to enter here, follow the instructions for deceased claimants on page 6.

Line 12: Multiply the amount on line 11 by 75% (.75). This is the amount of your property tax refund.

EXCLUDED INCOME

- Line 13: To speed the processing of your refund, list in items (a) - (g) all other income that you **did not include** on line 10. For more information on what to include here, see *Excluded Income* on page 6.
- Line 14: List all persons who resided in your household at any time during 2024 Complete all requested information for each person. If more space is needed, enclose a separate sheet.

SIGNATURE

You, as the claimant, **MUST sign the claim**. See the instructions for *Signature* on page 6.