



TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX TEST 234007890
1234 TESTJEFFERSON STREETXXXXXXXXXXXX
TESTINOFTTOOPPEEKAAA KS 66612-1234 SN 7855551212

Claimant died during 2024 - Date of death 05152024 Name or address has changed? Filing an amended claim

NOTE: If you filed a K-40H or K-40SVR for 2024, you DO NOT qualify for this refund.

Qualifications - To qualify for this property tax refund you must meet the household income limitation and you must have been:

- 1. A resident of Kansas during the entire year of 2024;
- 2. A **home owner** during 2024 and,

3. Age **65 or over** for the **entire** year. Enter your date of birth (must be prior to 1959). 01151957

4. 2024 Wages OR KAGI \$ 87533 plus Federal Earned Income Credit \$ 10000 . Enter the total. (If amount(s) are a negative, enter zero.)	43212
5. All taxable income other than wages and pensions not included in line 4. Do not subtract net operating and capital losses.	32123
6. Total SS and SSI benefits including Medicare deductions, received in 2024 (do not include disability payments from SS or SSI).	56789
7. RR benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and RR).	43212
8. TAF payments, general assistance, worker's compensation, grants and scholarships.	32123
9. All other income, including income of others who resided with you at any time during 2024.	56789
10. TOTAL HOUSEHOLD INCOME. Add lines 4 through 9. If line 10 is more than \$24,500, you do not qualify for a refund. (If amount is a negative, enter zero.)	43212
11. General property taxes paid timely in 2024, excluding specials. (Tax on property valued at more than \$350,000 does not qualify.)	2123
12. PROPERTY TAX REFUND. Multiply the amount on line 11 by 75% (.75). This is the amount of your refund.	6789

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.

Check 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-40PT 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) _____ Preparer Phone Number _____

Preparer PTIN, EIN, or SSN (Required) P03465080

K-40PT
Rev.8-24

2024

**KANSAS
PROPERTY TAX RELIEF CLAIM
for Low Income Seniors**

000

K-40PT
Page 1
135124



TESTMELXXXXX A TESTWATERSXXXXXXXXXX TEST 234007890
1234 TESTJEFFERSON STREETXXXXXXXXXX
TESTINOFTTOOPPEEKAAA KS 66612-1234 SN 7855551212

Claimant died during 2024 - Date of death 05152024 Name or address has changed? Filing an amended claim

NOTE: If you filed a K-40H or K-40SVR for 2024, you DO NOT qualify for this refund.

Qualifications - To qualify for this property tax refund you must meet the household income limitation and you must have been:

- 1. A resident of Kansas during the entire year of 2024;
- 2. A **home owner** during 2024 and,
- 3. Age **65 or over** for the **entire** year. Enter your date of birth (must be prior to 1959). 01151957

- 4. 2024 Wages OR KAGI \$ 87533 plus Federal Earned Income Credit \$ 10000 . Enter the total. 43212
(If amount(s) are a negative, enter zero.)
- 5. All taxable income other than wages and pensions not included in line 4. Do not subtract net operating and capital losses. 32123
- 6. Total SS and SSI benefits including Medicare deductions, received in 2024 (do not include disability payments from SS or SSI). 56789
- 7. RR benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and RR). 43212
- 8. TAF payments, general assistance, worker's compensation, grants and scholarships. 32123
- 9. All other income, including income of others who resided with you at any time during 2024. 56789
- 10. TOTAL HOUSEHOLD INCOME. Add lines 4 through 9. If line 10 is more than \$24,500, you do not qualify for a refund. 43212
(If amount is a negative, enter zero.)
- 11. General property taxes paid timely in 2024, excluding specials. (Tax on property valued at more than \$350,000 does not qualify.) 2123
- 12. PROPERTY TAX REFUND. Multiply the amount on line 11 by 75% (.75). This is the amount of your refund. 6789

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.

Check 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-40PT 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) _____ Preparer Phone Number _____ Preparer PTIN, EIN, or SSN (Required) P03465080

For Office Use Only



TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX

TEST

234007890

Excluded Income -

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 Disability	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
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000004
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000005
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000006
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000007
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000008
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000009
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000010
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000011
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000012
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000013
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000014
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000015





TESTMELXXXXX A TESTWATERSXXXXXXXXXXXXX TEST 234007890

Excluded Income -

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 Disability	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
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000004
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000005
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000006
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000007
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000008
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000009
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000010
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000011
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000012
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000013
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000014
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000015

FORM K-40PT LINE-BY-LINE INSTRUCTIONS

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.