K-40SVR (Rev. 8-24)	20 KANSAS PROPERTY for SENIORS and DIS		(RELIEF CLAIM LED VETERANS	000	K-40SVR Page 1 137024		
TESTMELXXXXX A TE 1234 TESTJEFFERSO			TEST	23	400789	0	
TESTINOFTTOOPPEEK.			SN	78	555512	12	
X Claimant died during 2024 - Date of de	ath 05152024	Х	Name or address has changed'	?	Х	Filing an amended	d claim
NOTE: If y	ou filed a <i>K-40H or K-40PT</i>	for 2	024, you DO NOT q	ualify for this	s refund.		
Qualifications - To qualify for this homestead in bo	s property tax refund you must ha th 2024 and the base year. Answe				owned and o	occupied the s	ame
1. Age 65 or over for the entire ba	se year? Enter your date of birth (m	iust be	prior to 1959).			011519	957
2. Disabled veteran for the entire I	base year and claim year? Enter the ENCLOSE your Veterans Affa			ity rating.		071519	979
previously received benefits	g as a surviving spouse of a disable from the SVR program at the time of he spaces provided. See instructior	of their o	death and provide the dec	eased claimant's	name,		
Name of deceased TESTMELXXXXX A TES'			V of deceased claiman 34007890	t Date of	death of de 051520	eceased claim	ant
4. 2024 Wages OR KAGI \$ 8 (If amount(s) are a negative, enter z	7533 plus Federal Earned Inc ero.)	come C	redit \$ 10000 .	Enter the total.		607	789
	ages and pensions not included in l enefits, including Medicare deductic 0 0 0, enter 50% of this total.	```			,	702 801	
7. Railroad Retirement benefits an Veterans and Railroad Retirement.)	nd all other pensions, annuities, and	d vetera	ans benefits. (Do not includ	le disability paymer	its from	907	789
8. TAF payments, general assista	nce, worker's compensation, grants	and sc	holarships.			102	212
9. All other income, including inco	me of others who resided with you a	at any ti	me during 2024.			111	L23
10. TOTAL HOUSEHOLD INCOM	E. (Add lines 4 – 9. If line 10 is more that	n \$56,45	i0, you do not qualify for a ref	und.)		127	789
11. 2024 general property taxes (e. Mark this box if you have deline	0 1 <i>)</i>					13	323
12. (a) Record base year(b) Homestead's appraised valu(c) General property taxes (excludir						3500	023 000 489
13. PROPERTY TAX REFUND. (See	ubtract line 12c from line 11).					15	52 <u>3</u>
	he Director's designee to discuss my K-40SVR that to the best of my knowledge and belief this	and enclo s is a true	, correct, and complete return.	IMPOF		e allow 20 to 24 w cess your refund	
Preparer Signature (Required)	Preparer Phone Numb	oate 		Preparer PTIN	I, EIN, or SSN (Required)	P034650)80
7			 F	or Office Us	e Only	- [

6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56	5 58 60 62 64 66 68 70 72 74 76 78 80
K-40SVR 2024	000 K-40SVR
(Rev. 8-24) KANSAS PROPERTY TAX RELIEF CLAIM for SENIORS and DISABLED VETERANS	Page 1
for SENIORS and DISABLED VETERANS	
TESTMELXXXXX A TESTWATERSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	234007890
1234 TESTJEFFERSON STREETXXXXXXXXX	234007030
TESTINOFTTOOPPEEKKAAA KS 66612-1234 SN	7855551212
X Claimant died during 2024 - Date of death 05152024 X Name or address has changed?	? X Filing an amended clair
NOTE: If you filed a <i>K-40H or K-40PT</i> for 2024, you DO NOT q	ualify for this refund.
Qualifications - To qualify for this property tax refund you must have been a resident of Kansas	all of 2024 and owned and occupied the same
homestead in both 2024 and the base year. Answer only the question(s) that apply t	
1. Age 65 or over for the entire base year? Enter your date of birth (must be prior to 1959).	01151957
1. Age 65 or over for the entire base year? Enter your date of birth (must be phor to 1959).	
2. Disabled veteran for the entire base year and claim year? Enter the date the disability began.	07151979
ENCLOSE your Veterans Affairs Award Letter showing disability	
3. \chi Mark this box if you are filing as a surviving spouse of a disabled veteran or person 65 years of	
previously received benefits from the SVR program at the time of their death and provide the decorrect SSN, and date of death in the spaces provided. See instructions for this qualification and for the	
Name of deceased claimant SSN of deceased claimant	t Date of death of deceased claimant
TESTMELXXXXX A TESTWATERSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	05152022
4. 2024 Wages OR KAGI \$ 87533 plus Federal Earned Income Credit \$ 10000 . (If amount(s) are a negative, enter zero.)	Enter the total. 60789
E. All toyohis is some other than urgan and naming not included in line 4. (D. e.t., the task such as	and capital losses.) 70212
 All taxable income other than wages and pensions not included in line 4. (Do not subtract net operating Total Social Security and SSI benefits, including Medicare deductions, received in 2024 (do not included) 	
Social Security or SSI). 10000 , enter 50% of this total.	
7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits. (Do not includ	le disability payments from 90789
Veterans and Railroad Retirement.)	
8. TAF payments, general assistance, worker's compensation, grants and scholarships.	10212
9. All other income, including income of others who resided with you at any time during 2024.	11123
10. TOTAL HOUSEHOLD INCOME. (Add lines 4 – 9. If line 10 is more than \$56,450, you do not qualify for a refu	und.) 12789
11. 2024 general property taxes (excluding specials).	1323
Mark this box if you have delinquent property tax X	
12. (a) Record base year	2023
(b) Homestead's appraised value in the base year	350000
(c) General property taxes (excluding specials) paid for the base year	1489
13. PROPERTY TAX REFUND. (Subtract line 12c from line 11).	1523
Check if you wish to participate in the Refund Advancement Program.	
X I authorize the Director of Taxation or the Director's designee to discuss my K-40SVR 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	Preparer PTIN, EIN, or SSN DOD 4 CE OO
(Required)	Preparer PTIN, EIN, or SSN (Required) P03465080
	or Office Use Only



2024 KANSAS PROPERTY TAX RELIEF CLAIM for SENIORS and DISABLED VETERANS



TESTMELXXXXX A TESTWATERSXXXXXXXXXXX TEST

234007890

000

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.

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 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	000000010
***************************************	00	00000	000000011
***************************************	00	00000	000000012
***************************************	00	00000	00000013
***************************************	00	00000	00000014
***************************************	00	00000	000000015

2					2	
3	6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42		52 54 56 58 60 62 64 66		84	
4	K-40SVR 2024	4	000	K-40SVR	4 5	
6	(Rev 8-24) KANSAS PROPERTY T for SENIORS and DISA	BLED VETE		137124	6	
7					7	
8	TESTMELXXXXX A TESTWATERSXXXXXXXXXX	TEST	2340	07890	8	
9 10					10	
11	Excluded Income: Providing this information should speed up the processing of you	u r claim. Income re	ported here should not be incl	uded on line 10 of this form.	11	
12					12	
13 14	14. Enter in the spaces provided the annual amount of all other income	not included as ho	usehold income on line 10:		13 14	
14	(a) Food stamps 98714	(b) Nongovernme	ntal Gifts	98717	15	
16					16	
17	(c) Child support 98715	(d) Settlements (l	ump sum)	98718	17	
18 19	(e) Personal and Student Loans 98716	(f) SSL Social Sec	curity, Veterans or Railroad Dis	ability 98719	18 19	
20					20	
21	(g) Other: Source		A	mount 98720	21	
22 23					22 23	
23	Members of Household:				24	
25	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 of the state of the state of	time during 2024.	Specify the number of months i additional sheets if needed and	they lived with you and report	25	
26 27	lines below.				26 27	
28	Name	# of Months	Portion of income that		28	
29			is included on line 10		29	
30	TESTTIBERIOUS J TESTERSAMPLEPERSONS	12	13212	120100701	30 31	
31 32	MAREGOLD M TESTERSAMPLEPERSONS	12	23212		31	
33					33	
34	JOSEPH J TESTERSAMPLEPERSONS	12	33212	313010303	34	
35 36	*****	00	00000		35 36	
37					37	
38	***************************************	00	00000	00000005	38	
39 40	*****	00	00000		39 40	
41					41	
42	***************************************	00	00000		42	
43 44	*****	00	00000	00000008	43 44	
45					45	
46	***************************************	00	00000	00000009	46	
47 48	*****	00	00000	00000010	47 48	
49					49	
50	***************************************	00	00000	00000±±	50	
51 52	*****	00	00000		51 52	
53					53	
54	***************************************	00	00000	00000±0	54	
55 56	*****	00	00000		55 56	
57					57	
58	***************************************	00	00000	00000±0	58	
59 60					59 60	
61					61	
62	PO B	TEAD CLAIM OX 750260			62	
63 TOPEKA KS 66699-0260 63 3 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 84						
65					65	