

TESTMELXXXXX A TESTWATERSXXXXXXXXXXXXX
1234 TESTJEFFERSON STREETXXXXXXXXXXXXX
TESTINOFTTTOOPPEEKAA KS 66612-1234

TEST
SN

234007891
7855551212

X

Claimant died during 2025 - Date of death

05152025

X

Name or address has changed?

X

Filing an amended claim

1. Age 55 or over for the entire year. Enter date of birth

01151970

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

9. All other income, including income of others who resided with you at any time during 2025

32123

3. 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

10. TOTAL HOUSEHOLD INCOME (If amount is a negative, enter zero, if more than \$43,389 you do not qualify.)

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)

X

11. Percent of the homestead property that was rented or used for business in 2025

100

4a. 2025 Wages OR KAGI (If amount is a negative, enter zero)

87533

12. 2025 general property taxes, excluding specials (tax on property valued more than \$350,000, does not qualify)

3123

4b. Federal Earned Income Credit (If amount is a negative, enter zero)

10000

Check if you have delinquent property taxes

X

4c. Add lines 4a and 4b and enter total here (If amount is a negative, enter zero)

97533

13. Amount of property tax allowed

212

5. 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

100

6. Total SS & SSI benefits incl. Medicare deductions, received in 2025 (do not include disability payments from SS or SSI). \$ _____ Enter 50% of this total.

32123

15. HOMESTEAD REFUND

789

7. Railroad Retirement benefits AND all other pensions, annuities, & veterans benefits (do not include disability payments from Veterans & Railroad Retirement)

56789

YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2025 AND OWN YOUR HOME

NOTE: If you filed a K-40PT or K-40SVR for 2025, 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 2025 property tax.

Excluded Income - Income reported here should not be included line 10 of this form. Enter the annual amount of all other income not included as household income on line 10.

(a) Food stamps	98765	(b) Nongovernmental Gifts	87654	(c) Child support	65432
(d) Settlements	95432	(e) Personal and Student Loans	76543	(f) SSI, Social Security, Veterans or Railroad Disability	98765
(g) Other: Source				Amount	18765

Members of Household - Name, Date of birth (MMDDYYYY), Relationship, Months in home, Income included on lines 4-9 (Y OR N), and SSN. Enclose additional sheets if needed.

JOSEPH G SAMPLJAFOWOFJAKEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	Y	000000000
TIBERIUS H SAJKLAFJAJMPLEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	Y	000000000
MAREGOLD I SAMLOPIOPSFPLEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000

Check this field if you wish to participate in the Refund Advancement Program. X

X

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.

Claimant's
Signature
(Required)

Date

Preparer
Signature
(Required)

Preparer
Phone Number

Preparer PTIN, EIN or SSN

P03465080

IMPORTANT: Please allow 20 to 24 weeks to process your refund.

K-40H

2025 KANSAS HOMESTEAD CLAIM

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K-40H
Page1
135025



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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000

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Claimant's Signature (Required) _____ Date _____

Preparer Signature (Required) _____ Preparer Phone Number _____

IMPORTANT: Please allow 20 to 24 weeks to process your refund.

Preparer PTIN, EIN or SSN P03465080

HOMESTEAD CLAIM
PO BOX 750260
TOPEKA KS 66699-0260

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