K-40H 2025 KANSAS HOMESTEAD CLAIM

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TESTMELXXXXX A TESTWATERSXXXXXXXXXX 1234 TESTJEFFERSON STREETXXXXXXXXXX TESTINOFTTTOOPPEEKKAA KS 66612-1234

TEST

234007891

TESTINOFTTTOOPPEEKKAA KS 66612-		5N 78	35555123	12
X Claimant died during 2025 - Date of death 05152025	X Name o	or address has changed?	X	Filing an amended claim
1. Age 55 or over for the entire year. Enter date of birth	01151970	TAF payments, general assistance, w compensation, grants and scholarship		43212
2. Disabled or blind for the entire year. Enter date disability began	04051964	All other income, including income of with you at any time during 2025	others who reside	d 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	10. TOTAL HOUSEHOLD INCOME (If a enter zero, if more than \$43,389 you		^{e,} 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 used for business in 2025	that was rented	100
4a. 2025 Wages OR KAGI (If amount is a negative, enter zero)	87533	12. 2025 general property taxes, exclud property valued more than \$350,000		
4b. Federal Earned Income Credit (If amount is a negative, enter zero)	10000	Check if you have delinquent property to	axes	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
 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
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
 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 NOTE: If you filed a K-40PT or K-40SVR for 2025, you DO NOT qualify for this refund. Excluded Income - Income reported here should not be included line 10 of this form	IMPORTANT: If you by the	ifiled Form ELG with your county e ELG amount applied to the first	y, your refund t half of your	d will be reduced 2025 property tax.
(a) Food stamps 98765 (b) Nongovernmental (d) Settlements 95432 (e) Personal and Student Log) Other: Source		(f) SSI, Social Security, Veterans of	(c) Child suppo or Railroad Disabili Amou	98765
Members of Household - Name, Date of birth (MMDDYYYY), Relationship, Months	s in home, Income included on I	ines 4-9 (Y OR N), and SSN. Enclose addition	al sheets if neede	d.
JOSEPH G SAMPLJAFOWOFJAKEPETES	0000000	XXXXXXXXXXXXX	00 Y	00000000
TIBERIUS H SAJKLAFJAJMPLEPETES	0000000	XXXXXXXXXXXXX	00 Y	00000000
MAREGOLD I SAMLOPIOPSFPLEPETES	0000000	XXXXXXXXXXXXX	00 N	00000000
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Check this field if you wish to participate in the Refund Advancement Progra	m. X			
X I authorize the Director of Taxation or the Director's designee to discuss m	y K-40H and enclosure with my	/ preparer.		
I declare under the penalties of perjury that to the best of my knowledge ar	nd belief this is a true, correct, a			
Claimant's			'ANT: Please a	llow 20 to 24 weeks
Signature (Required)	Date			llow 20 to 24 weeks ss your refund.

K-40H 2025 KANSAS I	HOMESTEAD CLA	IM 000	K-40H	
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X Claimant died during 2025 - Date of death 051520	25 X Name o	r address has changed?	X	Filing an amended claim
		O TAE remember as and assistance	1112 Mars 112	
1. Age 55 or over for the entire year. Enter date of birth	01151970	8. TAF payments, general assistance, compensation, grants and scholarsh		43212
Disabled or blind for the entire year. Enter date disability began	04051964	9. All other income, including income of	of others who reside	^{ed} 32123
3. Dependent child who resided with you and was under 18 for the		with you at any time during 2024		
entire year. Enter date of birth of dependent. Enter Child's name	07252005	10. TOTAL HOUSEHOLD INCOME (If enter zero, if more than \$43,389 ye		ve, 56789
Check if filing as surviving spouse of a disabled veteran OR an active	X	11. Percent of the homestead proper	ty that was rented	or 100
duty service member who died in the line of duty. (see instructions)		used for business in 2025		100
4a. 2025 Wages OR KAGI (If amount is a negative, enter zero)	87533	 2025 general property taxes, exclu- property valued more than \$350,0 		
4b. Federal Earned Income Credit (If amount is a negative, enter	10000			
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
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Enter 50% of this total. 7. Railroad Retirement benefits AND all other pensions, annuities, &	02120			, 03
veterans benefits (do not include disability payments from Veterans & Railroad Retirement)	56789			
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