

K-40PT

2025
KANSAS PROPERTY TAX RELIEF CLAIM
for SENIORS and DISABLED VETERANS

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135125



TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX
1234 TESTJEFFERSON STREETXXXXXXXXXXXX
TESTINOFTTOOPPEEKKAAA KS 66612-1234

TEST
SN

234007890
7855551212

☒ Claimant died during 2025 - Date of death 05152025 ☒ Name or address has changed? ☒ Filing an amended claim

NOTE: If you filed a K-40H or K-40SVR for 2025, 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 2025;

2. A **home owner** during **2025** and,

3. Age **65 or over** for the **entire** year. Enter your date of birth (must be prior to **1960**).

05152022

4. 2025 Wages OR KAGI \$ 87533 plus Federal Earned Income Credit \$ 87533 . Enter the total.	60789
5. All taxable income other than wages and pensions not included in line 4. Do not subtract net operating and capital losses.	11123
6. Total SS and SSI benefits including Medicare deductions, received in 2025 (do not include disability payments from SS or SSI).	12789
7. RR benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and RR).	13234
8. TAF payments, general assistance, worker's compensation, grants and scholarships.	12788
9. All other income, including income of others who resided with you at any time during 2025 .	12780
10. TOTAL HOUSEHOLD INCOME. Add lines 4 through 9. If line 10 is more than \$25,380 , you do not qualify for a refund. (If amount is a negative, enter zero.)	12781
11. General property taxes paid timely in 2025 , excluding specials. (Tax on property valued at more than \$350,000 does not qualify.)	1489
12. PROPERTY TAX REFUND. Multiply the amount on line 11 by 75% (.75). This is the amount of your refund.	1523

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.

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-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
Signature
(Required) _____ Preparer
Phone Number _____

Preparer PTIN, EIN, or SSN
(Required) P03465080

For Office Use Only

K-40PT

2025

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1234 TESTJEFFERSON STREETXXXXXXXXXX
TESTINOFTTOOPPEEKAAA KS 66612-1234 SN 7855551212

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6. Total SS and SSI benefits including Medicare deductions, received in 2025 (do not include disability payments from SS or SSI). 12789
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Claimant's Signature (Required) _____ Date _____

Preparer Signature (Required) _____ Preparer Phone Number _____ Preparer PTIN, EIN, or SSN (Required) P03465080

For Office Use Only

K-40PT

2025

KANSAS
PROPERTY TAX RELIEF CLAIM
for Low Income Seniors

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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 2025. 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
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000004
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000005
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000006
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000007
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000008
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000009
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000010
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000011
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000012
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000013
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000014
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000015

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PROPERTY TAX RELIEF CLAIM
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TESTMELXXXXX A TESTWATERSXXXXXXXXXXXXX TEST 234007890

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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000005
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000006
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000007
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000008
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000009
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000010
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000011
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000012
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000013
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000014
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000015

HOMESTEAD CLAIM
PO BOX 750260
TOPEKA KS 66699-0260