

K-40SVR

2025

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KANSAS PROPERTY TAX RELIEF CLAIM
for SENIORS and DISABLED VETERANS

K-40SVR
Page 1
137025



TESTMELXXXXX A TESTWATERSXXXXXXXXXX
1234 TESTJEFFERSON STREETXXXXXXXXXX
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-40PT for 2025, you DO NOT qualify for this refund.

Qualifications - To qualify for this property tax refund you must have been a resident of Kansas all of 2025 and owned and occupied the same homestead in both 2025 and the base year. Answer only the question(s) that apply to you.

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

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 rating.

3. ☒ Mark this box if you are filing as a surviving spouse of a disabled veteran or person 65 years of age or older who has previously received benefits from the SVR program at the time of their death and provide the deceased claimant's name, SSN, and date of death in the spaces provided. See instructions for this qualification and for the required enclosures.

Name of deceased claimant

SSN of deceased claimant

Date of death of deceased claimant

TESTMELXXXXX A TESTWATERSXXXXXXXXXX

234007890

05152022

4. 2025 KAGI of Claimant 60789

5. Kansas Adjusted Gross Income of others who resided with you at any time during 2025. 11123

6. **TOTAL HOUSEHOLD INCOME.** (Add lines 4 – 5. If line 6 is more than \$58,041, you do not qualify for a refund.) 12789

7. 2025 general property taxes (excluding specials). 1323

Mark this box if you have delinquent property tax ☒

8. (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

9. **PROPERTY TAX REFUND.** (Subtract line 8c from line 7). 1523

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

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Name of deceased claimant

SSN of deceased claimant

Date of death of deceased claimant

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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 (Required)

P03465080

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

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234007890

Members of Household:
10. 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 6. Enclose additional sheets if needed and only after completing the 15 lines below.

Name	# of Months	Portion of income that is included on line 6	SSN
TESTTIBERIOUS J TESTERSAMPLEPERSONS	12	13212	123456781
MAREGOLD M TESTERSAMPLEPERSONS	12	23212	234567892
JOSEPH J TESTERSAMPLEPERSONS	12	33212	345678903
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000005
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000006
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000007
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000009
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