

TESTMELXXXXX A TESTWATERSXXXXXXXXXXXXX TEST 234007891  
1234 TESTJEFFERSON STREETXXXXXXXXXXXXX  
TESTINOF TTTOOPPEEKAA KS 66612-1234 SN 7855551212

X Claimant died during 2020 - Date of death 05152020 X Name or address has changed? X Filing an amended claim

1. Age 55 or over for the entire year. Enter date of birth 01151965 8. TAF payments, general assistance, worker's compensation, grants and scholarships 43212  
2. Disabled or blind for the entire year. Enter date disability began 04051962 9. All other income, including income of others who resided with you at any time during 2020 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 07251999 10. TOTAL HOUSEHOLD INCOME (If amount is a negative, enter zero) 56789  
Check if filing as surviving spouse of a disabled veteran OR an active duty service member who died in the line of duty. X 11. Percent of the homestead property that was rented or used for business in 2020 212  
4a. 2020 Wages OR KAGI (If amount is a negative, enter zero) 87533 12. 2020 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 123  
6. Total SS & SSI benefits incl. Medicare deductions, received in 2020 (do not include disability payments from SS or SSI). \$ 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 2020 AND OWN YOUR HOME

NOTE: If you filed Form K-40PT for 2020, 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 2020 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 SAMLOPIOPSPFLEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	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.

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

Claimant's Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Preparer Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Preparer Phone Number \_\_\_\_\_

# K-40H

# 2020 KANSAS HOMESTEAD CLAIM

000 135020

Rev. 7-20

TESTMELXXXXX A TESTWATERSXXXXXXXXXX  
1234 TESTJEFFERSON STREETXXXXXXXXXX  
TESTINOFTTOOPPEEKAA KS 66612-1234

TEST 234007891  
SN 7855551212

Claimant died during 2020 - Date of death 05152020  Name or address has changed?  Filing an amended claim

1. Age 55 or over for the entire year. Enter date of birth	01151965	8. TAF payments, general assistance, worker's compensation, grants and scholarships	43212
2. Disabled or blind for the entire year. Enter date disability began.	04051961	9. All other income, including income of others who resided with you at any time during 2020	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	07251998	10. TOTAL HOUSEHOLD INCOME (If amount is a negative, enter zero)	56789
Check if filing as surviving spouse of a disabled veteran OR an active duty service member who died in the line of duty.	<input checked="" type="checkbox"/>	11. Percent of the homestead property that was rented or used for business in 2020	212
4a. 2020 Wages OR KAGI (If amount is a negative, enter zero)	87533	12. 2020 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.	<input checked="" type="checkbox"/>
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	123
6. Total SS & SSI benefits incl. Medicare deductions, received in 2020 (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		

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Claimant's Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Preparer Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_ Preparer Phone Number \_\_\_\_\_

HOMESTEAD CLAIM  
PO BOX 750260  
TOPEKA KS 66699-0260

For Office Use Only