K-40H 2020 KANSAS HO	MESTEAD CLAI	M 000	135020	L
TESTMELXXXXX A TESTWATERSXXXXX 1234 TESTJEFFERSON STREETXXXXX		IST 2	234007891	
TESTINOFTTTOOPPEEKKAA KS 66612		1 -	7855551212	2
X Claimant died during 2020 - Date of death 05152020	X Name or a	address has changed?	X F	Filing an amended claim
1. Age 55 or over for the entire year. Enter date of birth	01151965	8. TAF payments, general assistance compensation, grants and scholar		43212
2. Disabled or blind for the entire year. Enter date disability began	04051962	 All other income, including income with you at any time during 2020 	e of others who resided	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	07251999	10. TOTAL HOUSEHOLD INCOME enter zero)	(If amount is a negative,	56789
Check if filing as surviving spouse of a disabled veteran OR an active duty service member who died in the line of duty.	Х	11. Percent of the homestead propused for business in 2020	erty that was rented or	212
4a. 2020 Wages OR KAGI (If amount is a negative, enter zero)	87533	12. 2020 general property taxes, exc property valued more than \$350,		3123
4b. Federal Earned Income Credit (If amount is a negative, enter zero)	10000	Check if you have delinquent proper	ty taxes	Х
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		123
 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
 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 - Inc	come reported here shoul	ld not be included line 10 of this form. En	ter the annual amount of a	all other income not included as household i	ncome on	line 10.	
(a) Food stamps	98765	(b) Nongovernmental Gifts	87654		(c) Cł	nild suppo	ort 65432
(d) Settlements	95432	(e) Personal and Student Loans	76543	(f) SSI, Social Security, Veterans	s or Railroa	d Disabil	ity 98765
(g) Other: Source						Amou	int 18765
Members of Household	d - Name, Date of birth (I	MMDDYYYY), Relationship, Months in ho	me, Income included on li	nes 4-9 (Y OR N), and SSN. Enclose addit	ional sheet	s if need	ed.
JOSEPH G	SAMPLJAF	OWOFJAKEPETEST	00000000	XXXXXXXXXXXXXXXX	00	Y	000000000
TIBERIUS	H SAJKLA	FJAJMPLEPETEST	00000000	XXXXXXXXXXXXXXXX	00	Y	000000000
MAREGOLD	I SAMLOP	IOPSFPLEPETEST	00000000	XXXXXXXXXXXXXXX	00	Ν	000000000
XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXX	00	Ν	000000000
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Х

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

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.

7	HOMESTEAD CLAIM PO BOX 750260 TOPEKA KS 66699-0260	For Office Use Or	nly
Preparer Signature (Required)	Date	Preparer _ Phone Number	
Claimant's Signature (Required)	Date	-	

2						2
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4 5	K-40H 20 <mark>20</mark> '	ANSAS HU	MESTEAD C	LAIM 000	135020	4
5 6	Rev. 7-20					6
				пт.сп	234007891	7
	TESTMELXXXXX A TESTWA			TEST	234007091	8
	1234 TESTJEFFERSON ST	KS 66612		ON	7055551010	9
9 10	TESTINOFTTOOPPEEKKAA	K2 00017.	-1234	SN	7855551212	10
	X Claimant died during 2020 - Date of death	05152020	X Na	me or address has changed?	X Filing	an amended claim 11
12		03132020				12
13	1. Age 55 or over for the entire year. Enter date of birth		01151965			43212 13
14			01101000	8. TAF payments, general assistant	ce, worker's	14
	2. Disabled or blind for the entire year. Enter date disabil	lity began.	04051961	compensation, grants and schola 9. All other income, including incom	rships e of others who resided	32123 15
	3. Dependent child who resided with you and was unde	er 18 for the		with you at any time during 2020		16
17	entire year. Enter date of birth of dependent. Enter Ch	nild's name	07251998	10. TOTAL HOUSEHOLD INCOME	(If amount is a negative,	56789 17
18				enter zerd)		18
	Check if filing as surviving spouse of a disabled veteran duty service member who died in the line of duty.	OR an active	X	11. Percent of the homestead prope used for business in 2020	erty that was rented or	212 19
20						20
21	4a. 2020 Wages OR KAGI (If amount is a negative, ente	er zero)	87533	12. 2020 general property taxes, ex property valued more than \$350		3123 21
22					, , , , , , , , , , , , , , , , , , ,	22
23	4b. Federal Earned Income Credit (If amount is a n zero)	negative, enter	10000	Check if you have delinquent prope	rty taxes.	X 23
24						24
25	4c. Add lines 4a and 4b and enter total here (If amoun enter zero)	nus a negative,	97533	13. Amount of property tax allowed.		212 25
26	5. All taxable income other than wages/pensions not incl					26
21	Do not subtract net operating/capital losses.		43212	14. Enter your refund percentage		123 27
	 Total SS & SSI benefits incl. Medicare deductions, rec (do not include disability payments from SS or SSI). 		20102			28
29	Enter 50% of this total.		32123	15. HOMESTEAD REFUND		789 29
30 31	 Railroad Retirement benefits AND all other pensions, veterans benefits (do not include disability payments f 		56789			30
32	& Railroad Retirement)		50709			31
33	YOU MUST HAVE BEEN A R		KANSAS THE	ENTIRE YEAR OF 2020		
	NOTE: If you filed Form K-40PT for 2			filed Form ELG with your coun		
35	you DO NOT qualify for this re			ELG amount applied to the fir		
35		efund.	by the	ELG amount applied to the fir	st half of your 2020	
35 36	you DO NOT qualify for this re	efund.	by the	ELG amount applied to the fir	st half of your 2020	property tax. 35 36 65432 37
35 36 37	you DO NOT qualify for this re Excluded Income - Income reported here should not be in (a) Food stamps 98765	efund. ncluded line 10 of this form	by the n. Enter the annual amour Gifts 8765	ELG amount applied to the fir t of all other income not included as household 4	st half of your 2020 d income on line 10. (c) Child support	property tax. 35 36 65432 37 98765 38
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35 36 37 38 39	you DO NOT qualify for this re Excluded Income - Income reported here should not be in (a) Food stamps 98765 (d) Settlements 95432 (e (g) Other: Source Members of Household - Name, Date of birth (MMDDYY	efund. ncluded line 10 of this form (b) Nongovernmental e) Personal and Student L (YY), Relationship, Months	by the . Enter the annual amoun Gifts 8765 pans 7654 in home, Income included	e ELG amount applied to the fir t of all other income not included as household 4 3 (f) SSI, Social Security, Vetera I on lines 4-9 (Y OR N), and SSN. Enclose ad	st half of your 2020 d income on line 10. (c) Child support ans or Railroad Disability Amount ditional sheets if needed.	property tax. 35 36 65432 37 98765 38 18765 39 40
35 36 37 38 39 40 41	you DO NOT qualify for this re Excluded Income - Income reported here should not be in (a) Food stamps 98765 (d) Settlements 95432 (c (g) Other: Source Members of Household - Name, Date of birth (MMDDYY JOSEPH G SAMPLJAFOWOF	efund. ncluded line 10 of this form (b) Nongovernmental e) Personal and Student L YY), Relationship, Months TJAKEPETES	by the n. Enter the annual amour Gifts 8765 pans 7654 in home, Income included I 000000	e ELG amount applied to the fir t of all other income not included as household 4 3 (f) S\$I, Social Security, Vetera 1 on lines 4-9 (Y OR N), and SSN. Enclose ad 0 XXXXXXXXXXXXXXXXXXXX	st half of your 2020 d income on line 10. (c) Child support ans or Railroad Disability Amount ditional sheets if needed. 0 0 Y 00	property tax. 35 65432 37 98765 38 18765 39 0000000 41
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