

2015 KANSAS PROPERTY TAX RELIEF CLAIM for Low Income Seniors

135315

FILE THIS CLAIM AFTER DECEMBER 31, 2015, BUT NO LATER THAN APRIL 15, 2016

	Claimant's Social Security Number		claimar	our letters ont's last na	ime.		Claimant Telephon Number						
ress	Your First Name	Initial	Last Name	е				Mark this box deceased (S					
o	Mailing Address (Number and Street, including Rural Route)								Date of Death				
ة 1									IMPORTANT: Mark this box if name or address has changed				
e a	City, Town, or Post Office State Zip Code County Abbreviation								1033 1143	criarigea			
Nam								Mark this box amended cla					
ations	To qualify for this property tax relimitation <i>and</i> you must have bee	n:		the hou	sehold incom	ie			DO NO	a Form K-40 <u>T</u> qualify fo l.			
들	2. A home owner during 2015; and	,						MONTH	DAY	YEAR	₹		
na	3. Age 65 or over for the entire yea	r. Enter your da	ate of bi	rth (mus	st be prior to 19	950)							
Honsehold Income	4. 2015 Wages OR Kansas Adjust \$ Enter the 5. All taxable income other than wag capital losses	es and pension efits, including I SSI) I all other pens Iroad Retireme ce, worker's co- come of others nes 4 through 9.	Medicare ions, an int) mpensa who res	e deduct nuities, tion, gra sided wit	Line 4. Do not situations, received in and veterans but the sand scholar than \$19,100, you	n 2015 (do enefits (do rships me during a	not includence not include	e disability e disability			00 00 00 00 00 00		
_	11. General property taxes paid timely in 2015, excluding specials. (Tax on property valued at more than \$350,000 does not qualify. See instructions on the back of this form.)									00			
Retun	12. PROPERTY TAX REFUND. Multiply to Important: If you filed Form ELG first half of your 2015 property tax	with your count									00		
	Mark this box if you wish to par		e Refui	nd Adv	ancement Pr	ogram (s	ee instrud	ctions)					
ignature	I authorize the Director of Taxation or the Director's designee to discuss my K-40PT and enclosures 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 claim.												
D	Claimant's signature		Date	9	Signature of	preparer ot	her than cla	imant P	reparer's	phone number	ər		
		IMPORTANT:	Please a	allow 20	to 24 weeks to	process y	our refund.						

Providing this information should speed 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	0	00	(b) Nongovernmental Gifts	\$	00
(c) Child Support	0	00	(d) Settlements (lump sum)	\$	00
(e) Personal and Student Loans	. 0	00	(f) SSI, Social Security, Veterans or Railroad Disability (enclose documentation)	\$	00
(g) Other (See instructions) Source			Amount		00

14. List the names of <u>ALL</u> persons who resided in your household <u>at any time</u> during 2015. Specify the number of months they lived you and report their portion of income <u>that is</u> included in total household income on line 10 of this form.

200	Name	months resided in household	Their portion of income that is included on line 10	Social Security Number
000		\$	00	0
		\$	00	0
2		\$	00	0
		\$	00	0
		\$	00	0
		\$	00	0

FORM K-40PT LINE-BY-LINE INSTRUCTIONS

If you filed a Form K-40H for 2015, you cannot claim this refund.

NAME AND ADDRESS

Use the instructions for Form K-40H on page 4 to complete the personal information at the top of Form K-40PT.

QUALIFICATIONS

Lines 1 through 3: You must have been 65 years of age or older (born before January 1, 1950), a resident of Kansas all of 2015 and a home owner during 2015. If you meet these qualifications, enter your date of birth on line 3.

HOUSEHOLD INCOME

Enter on lines 4 through 10 the annual income amounts received by you and your spouse during 2015. Enter on line 9 the income of ALL other persons who lived with you at any time during 2015.

Lines 4 and 5: Use the instructions for lines 4 and 5 of Form K-40H that begin on page 4 to complete lines 4 and 5 of Form K-40PT.

Line 6: Enter the total Social Security and Supplemental Security Income (SSI) benefits received by you and your spouse. Include amounts deducted for Medicare, any Social Security death benefits, and any SSI payments not shown on the annual benefit statement. Do not include Social Security or SSI "disability" payments. (Note: Social Security disability or SSI payments become regular Social Security payments when a recipient reaches age 65. These Social Security disability payments, that were once Social Security disability or SSI payments, are NOT included in household income.) Enter the annual amount of any Social Security disability benefits and Social Security payments of a person who has reached age 65 who had previously been receiving Social Security disability payments, in the Excluded Income section on the back of Form K-40PT and enclose a benefit statement or award letter with your claim.

If you do not have your statement of Social Security benefits, use the method given for line 6 of Form K-40H to compute your total received in 2015. Instructions are on page 4.

Lines 7 through 9: Use the instructions for lines 7 through 9 of Form K-40H on page 5 to complete these lines on Form K-40PT.

Line 10: Add lines 4 through 9 and enter the result. If line 10 is more than \$19,100, you **do not qualify** for a refund.

REFUND

Line 11: Enter the total 2015 general property tax you paid as shown on your real estate tax statement. Enter only **timely paid** tax amounts. For a list of items that you **cannot include** see the instructions for line 12 of Form K-40H on page 5.

If you are filing on behalf of a claimant who died during 2015, the property tax must be prorated based on the date of death. To determine the property tax amount to enter here, follow the instructions for deceased claimants on page 6.

Line 12: Multiply the amount on line 11 by 75 percent (.75). This is the amount of your property tax refund.

EXCLUDED INCOME

Line 13: To speed the processing of your refund, list in items (a) through (g) all other income that you **did not include** on line 10. For more information on what to include here, see *Excluded Income* on page 5.

Line 14: List all persons who resided in your household at any time during 2015. Complete all requested information for each person. If more space is needed, enclose a separate sheet.

SIGNATURE

You, as the claimant, **MUST sign the claim**. See the instructions for *Signature* on page 6.