

# K-40H

(Rev. 7/11)

DO NOT STAPLE

# 2011 KANSAS HOMESTEAD CLAIM

134111



FILE THIS CLAIM AFTER DECEMBER 31, 2011, BUT NO LATER THAN APRIL 15, 2012

Claimant's Social Security Number

First four letters of claimant's last name. Use ALL CAPITAL letters.

Claimant's Telephone Number

Name and Address

First Name of Claimant	Initial	Last Name		
Home Address (number and street or rural route)				
City	State	Zip Code	County Abbreviation	

Mark this box if claimant is deceased (See instructions) . . . . .

Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

IMPORTANT: Mark this box if name or address has changed . . .

Mark this box if this is an amended claim . . . . .

## YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2011

Answer ONLY the questions that apply to you:

- Age 55 or over for the entire year? Enter date of birth (must be prior to 1956) . . . . .
- Disabled or blind for the entire year? Enter the date disability began. See instructions. . . . .
- Dependent child who resided with you and was under 18 years of age for the entire year? Child's name \_\_\_\_\_ . Enter date of birth (must be prior to 2011) . . . . .

ENCLOSE Social Security Benefit Verification Statement or Schedule DIS

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mark this box if you are filing as surviving spouse of a disabled veteran OR of an active duty service member who died in the line of duty (see instructions for this qualification and for required enclosures).

Qualifications

## ENTER THE TOTAL RECEIVED IN 2011 FOR EACH TYPE OF INCOME. See instructions.

- 2011 Wages OR Kansas Adjusted Gross Income \$ \_\_\_\_\_ plus Federal Earned Income Credit \$ \_\_\_\_\_. Enter the total. . . . .
- All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses. . . . .
- Total Social Security and SSI benefits, including Medicare deductions, received in 2011 (do not include disability payments from Social Security or SSI) \$ \_\_\_\_\_. Enter 50% of this total . . . . .
- Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement). . . . .
- TAF payments, general assistance, worker's compensation, grants and scholarships . . . . .
- All other income, including the income of others who resided with you at any time during 2011. . . . .
- TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$31,200, you do not qualify for a refund)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

Household Income

- OWNER - 2011 general property taxes (See instructions) . . . . .  Mark this box if you have delinquent property tax.
- RENTER - Enter total of line 5 amounts from RNT Schedule(s). ENCLOSE all RNT Schedules . . . . .
- Total. Add lines 11 and 12, but do not enter more than \$700. . . . .
- Using your total household income on line 10 and the Refund Percentage Table, enter your refund percentage. . . . .
- Homestead refund (Multiply line 13 by percentage on line 14) . . . . .  
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 2011 property tax.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

Refund

Mark this box if you wish to participate in the Refund Advancement Program (see instructions) . . . . .

I authorize the Director of Taxation or the Director's designee to discuss my K-40H 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.

Signature

Claimant's signature

Date

Signature of preparer other than claimant

Preparer's phone number

IMPORTANT: Please allow 20 to 24 weeks to process your refund. Renters should allow 28 weeks so the rent can be verified with your landlord.

PLEASE COMPLETE THE BACK OF THIS FORM

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------



