



DO NOT STAPLE

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

Claimant's Social Security Number, First four letters of claimant's last name, Claimant's Telephone Number

Name and Address section: Your First Name, Initial, Last Name, Mailing Address, City, Town, or Post Office, State, Zip Code, County Abbreviation. Includes checkboxes for deceased claimant and amended claim.

Qualifications section: TO QUALIFY YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2015 AND OWN YOUR HOME. Answer ONLY the questions that apply to you: 1. Age 55 or over... 2. Disabled or blind... 3. Dependent child... Includes a box for surviving spouse of a disabled veteran.

Household Income section: ENTER THE TOTAL RECEIVED IN 2015 FOR EACH TYPE OF INCOME. See instructions. 4. 2015 Wages OR Kansas Adjusted Gross Income... 5. All taxable income other than wages... 6. Total Social Security and SSI benefits... 7. Railroad Retirement benefits... 8. TAF payments... 9. All other income... 10. TOTAL HOUSEHOLD INCOME

Refund section: 11. Percent of the homestead property that was rented or used for business... 12. 2015 general property taxes... 13. Amount of property tax allowed... 14. Using your total household income... 15. HOMESTEAD REFUND... Includes a box for Refund Advancement Program.

Signature section: 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. Includes lines for Claimant's signature, Date, Signature of preparer other than claimant, and Preparer's phone number.

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

COMPLETE THE BACK OF THIS FORM

Barcode area with empty boxes for tracking.



