

DO NOT STAPLE

2016 KANSAS HOMESTEAD CLAIM

134116



FILE THIS CLAIM AFTER DECEMBER 31, 2016, BUT NO LATER THAN APRIL 15, 2017

Claimant's Social Security Number

[Empty box for Social Security Number]

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

[Empty box for last name initials]

Claimant's Telephone Number

[Empty box for Telephone Number]

Name and Address

Name and Address fields: Your First Name, Initial, Last Name, Mailing Address, City, Town, or Post Office, 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 ..... [ ]

Qualifications

TO QUALIFY YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2016 AND OWN YOUR HOME.

Answer ONLY the questions that apply to you:

MONTH DAY YEAR

- 1. Age 55 or over for the entire year? Enter date of birth (must be prior to 1961) ..... [ ]
2. Disabled or blind for the entire year? Enter the date disability began. See instructions ..... [ ]
3. 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 2016) ..... [ ]
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).

Household Income

ENTER THE TOTAL RECEIVED IN 2016 FOR EACH TYPE OF INCOME. See instructions.

Table with 2 columns: Description (4. 2016 Wages OR Kansas Adjusted Gross Income, 5. All taxable income other than wages and pensions, 6. Total Social Security and SSI benefits, 7. Railroad Retirement benefits, 8. TAF payments, 9. All other income, 10. TOTAL HOUSEHOLD INCOME) and Amount (00)

Refund

- 11. Percent of the homestead property that was rented or used for business in 2016 (see instructions) ..... %
12. 2016 general property taxes, excluding specials. (Tax on property valued at more than \$350,000 does not qualify. See instructions.) ..... [ ] Mark this box if you have delinquent property tax. 00
13. Amount of property tax allowed. Enter amount from line 12 or \$700, whichever is less ..... 00
14. Using your total household income on line 10 and the Refund Percentage Table, enter your refund percentage ..... %
15. HOMESTEAD REFUND (Multiply line 13 by percentage on line 14) ..... 00
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 2016 property tax.

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

Signature

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.

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.

COMPLETE THE BACK OF THIS FORM

[Empty boxes for back of form]



Providing this information should speed the processing of your claim. Income reported here should not be included on line 10 of this form.

Enter in the spaces provided the annual amount of all other income not included as household income on line 10:

Excluded Income

(a) Food Stamps..... \$	<input type="text"/>	<input type="text" value="00"/>	(b) Nongovernmental Gifts .....	\$	<input type="text"/>	<input type="text" value="00"/>
(c) Child Support..... \$	<input type="text"/>	<input type="text" value="00"/>	(d) Settlements (lump sum) .....	\$	<input type="text"/>	<input type="text" value="00"/>
(e) Personal and Student Loans..... \$	<input type="text"/>	<input type="text" value="00"/>	(f) SSI, Social Security, Veterans or Railroad Disability (enclose documentation) .....	\$	<input type="text"/>	<input type="text" value="00"/>
(g) Other (See instructions) Source	<input type="text"/>		Amount	\$	<input type="text"/>	<input type="text" value="00"/>

Complete the information below for ALL persons (including yourself) who resided in your household at any time during 2016. Indicate the number of months they lived with you and whether or not their income is included on lines 4 through 9 of Form K-40H.

Members of Household

Name	Date of Birth	Relationship	Number of months resided in household	Income included on lines 4-9, Yes/No	Social Security Number