

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

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

Claimant's Telephone Number

Name and Address

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... 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:

1. Age 55 or over... 2. Disabled or blind... 3. Dependent child... Mark this box if you are filing as surviving spouse...

Household Income

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

4. 2016 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

11. Percent of the homestead property that was rented... 12. 2016 general property taxes... 13. Amount of property tax allowed... 14. Using your total household income... 15. HOMESTEAD REFUND

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

Barcode area



