

DO NOT STAPLE

2017 KANSAS HOMESTEAD CLAIM

134117



FILE THIS CLAIM AFTER DECEMBER 31, 2017, BUT NO LATER THAN APRIL 15, 2018

Claimant's Social Security Number

[Input field for Social Security Number]

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

[Input field for last name letters]

Claimant's Telephone Number

[Input field for Telephone Number]

Name and Address

Name and Address form with fields for First Name, Initial, Last Name, Mailing Address, City, Town, or Post Office, State, Zip Code, and County Abbreviation.

Checkboxes for: 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 2017 AND OWN YOUR HOME.

Answer ONLY the questions that apply to you:

Qualification questions 1-3 with input fields for date of birth and child's name, and a MONTH/DAY/YEAR grid.

ENCLOSE Social Security Benefit Verification Statement or Schedule DIS

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 2017 FOR EACH TYPE OF INCOME. See instructions.

Table with 3 columns: Question description, Amount, and Total. Rows include Wages, other taxable income, Social Security benefits, Railroad Retirement, TAF payments, and other income.

Refund

Table with 3 columns: Question description, Amount, and Percentage. Rows include property tax allowed, refund percentage, and 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

[Input fields for tracking or identification]



