

DO NOT STAPLE

KANSAS PROPERTY TAX RELIEF CLAIM for Low Income Seniors



FILE THIS CLAIM AFTER DECEMBER 31, 2014, BUT NO LATER THAN APRIL 15, 2015

Claimant's Social Security Number

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

Claimant's Telephone Number

Name and Address

Form fields for Name and Address: First Name of Claimant, Initial, Last Name, Home Address, City, State, Zip Code, County Abbreviation

Form fields for Name and Address: 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 for this property tax refund you must meet the household income limitation and you must have been:

- 1. A resident of Kansas during the entire year of 2014;
2. A home owner during 2014; and,
3. Age 65 or over for the entire year. Enter your date of birth (must be prior to 1949)

NOTE: If you filed a Form K-40H for 2014, you DO NOT qualify for this property tax refund.

Form fields for date of birth: MONTH, DAY, YEAR

Household Income

Enter the total received in 2014 for each type of income. See instructions on the back of this form.

Table with 10 rows for household income types and their corresponding amounts, ending with a total row.

Refund

Table with 2 rows for refund calculation: General property taxes and PROPERTY TAX 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-40PT and any 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

Form fields for completing the back of the form



Excluded Income

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

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

|   |    |  |    |
|---|----|--|----|
| (a) Food Stamps . . . . . \$              | 00 | (b) Nongovernmental Gifts . . . . . \$   | 00 |
| (c) Child Support . . . . . \$            | 00 | (d) Settlements (lump sum) . . . . . \$  | 00 |
| (e) Personal and Student Loans . . \$     | 00 | (f) SSI, Social Security, Veterans<br>or Railroad Disability . . . . . \$<br>(enclose documentation) | 00 |
| (g) Other (See instructions) Source _____ |    | Amount \$  | 00 |

Members of Household

14. List the names of **ALL persons who resided in your household at any time during 2014**. Specify the number of months they lived with you and report their portion of income **that is included in total household income** on line 10 of this form.

| Name | Number of months resided in household | Their portion of income that is included on line 10 | Social Security Number |
|------|---------------------------------------|---|------------------------|
|      |                                       | \$ 00   |                        |
|      |                                       | \$ 00   |                        |
|      |                                       | \$ 00   |                        |
|      |                                       | \$ 00   |                        |
|      |                                       | \$ 00   |                        |
|      |                                       | \$ 00   |                        |
|      |                                       | \$ 00   |                        |