

2014 **KANSAS HOMESTEAD CLAIM**

YEAR

U	FILE THIS CLAIM A	FTER I	DECEMI	BER 31	, 2014, BUT NO	D LATER THAN AP	PRIL 15, 2015	
	Claimant's Social Security Number		claim	four letter ant's last LL CAPITA	name.	Claimant's Telephone Number		
ILESS	First Name of Claimant	Initial	Last Nar	ne			Mark this box if claimant is deceased (See instructions)	
	Home Address (number and street or rural route)						IMPORTANT: Mark this box if name or address has changed	
Name a	City			State	Zip Code	County Abbreviation	Mark this box if this is an amended claim	

TO QUALIFY YOU MUST HAVE BEEN A *RESIDENT OF KANSAS* THE *ENTIRE YEAR* OF 2014 AND *OWN YOUR HOME*.

- 1. Age 55 or over for the entire year? Enter date of birth (must be prior to 1959).....
- 2. Disabled or blind for the entire year? Enter the date
- **ENCLOSE Social Security Benefit** Verification Statement or Schedule DIS
- 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 2014).

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).

ENTER THE TOTAL RECEIVED IN 2014 FOR EACH TYPE OF INCOME. See instructions.

4.	2014 Wages OR Kansas Adjusted Gross Income \$, plus Federal Earned Income Credit \$ Enter the total	00
5.	All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses	00
6.	Total Social Security and SSI benefits, including Medicare deductions, received in 2014 (do not include disability payments from Social Security or SSI) \$. Enter 50% of this total	00
7.	Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement)	00
8.	TAF payments, general assistance, worker's compensation, grants and scholarships	00
9.	All other income, including the income of others who resided with you at any time during 2014	00
10.	TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$33,400, you do not qualify for a refund)	00

11. Percent of the homestead property that was rented or used for business in 2014 (see instructions)	nomestead property that was rented or used for business in 2014 (see instructions)			
12. 2014 general property taxes, excluding specials. (Tax on property valued at more than \$350,000 does not qualify. See instructions.)	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) 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 2014 property tax.				
Mark this box if you wish to participate in the Refund Advancement Program (see instructions)				

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

COMPLETE THE BACK OF THIS FORM

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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:

(a) Food Stamps\$	00 (b) Nongovernmental Gifts \$)0
(c) Child Support \$	(d) Settlements (lump sum)\$)0(
(e) Personal and Student Loans \$	00 (f) SSI, Social Security, Veterans or Railroad Disability \$)0
(g) Other (See instructions) Source	(enclose documentation) Amount \$)0

Complete the information below for ALL persons (including yourself) who resided in your household **at any time** during 2014. 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.

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

MAIL TO: Homestead Claim, Kansas Department of Revenue, PO Box 750260 Topeka KS 66675-0260