

2015KANSAS HOMESTEAD CLAIM

134115

DO NOT STAPLE

FILE THIS CLAIM AFTER DECEMBER 31, 2015, BUT NO LATER THAN APRIL 15, 2016

	Claimant's Social Security Number		First four letter claimant's last Use ALL CAPITA	name.			Claimant' Telephon Number		
ress	Your First Name	Initial	Last Name					Mark this box if claimant i deceased (See instruction	ns)
Ado	Mailing Address (Number and Street, including Rural Route)						Date of Death		
ano								name or address has cha	nged
Name	City, Town, or Post Office		State	Zip Code		County Abbre	eviation	Mark this box if this is an amended claim	
	TO QUALIFY YOU MUST HAVE BEE	N A <u>R</u>	RESIDENT OF	<u>KANS</u>	AS THE	ENTIRE	YEAR (OF 2015 AND <u>OWN</u> Y	OUR HOME.
ualifications	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 1960)								
	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 2015)								
G	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 2	015 F	OR EACH TY	PE OF	INCOME	E. See ir	nstructio	ons.	
sehold Income	4. 2015 Wages OR Kansas Adjusted Gross \$ Enter the total	Income	\$		_ plus F	Federal Ea	arned Inco	ome Credit	00
	5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses								
	Enter 60% of this total							00	
hold	7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement)							00	
onse	8. TAF payments, general assistance, worker's compensation, grants and scholarships								00
Ho	9. All other income, including the income of others who resided with you at any time during 2015								00
	10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$34,000, you do not qualify for a refund).								
	11. Percent of the homestead property that w	as rent	ed or used for h	usiness ir	n 2015 (se	e instruction	ons)		%
	Percent of the homestead property that was rented or used for business in 2015 (see instructions)							00	
nd	13. Amount of property tax allowed. Enter amount from line 12 or \$700, whichever is less								00
Refu	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
	Mark this box if you wish to participate in the Refund Advancement Program (see instructions)								
e e	I authorize the Director of Taxation or t	he Dire	ctor's designee	to discus	s my K-40)H and end	closures w	ith my preparer.	
natur	I declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct and complete claim.								
Sig	Claimant's signature		Date	Sig	ınature of p	oreparer otl	her than cla	aimant Preparer's ph	one number
	IMPORT	TANT: F	Please allow 20	to 24 we	eks to pi	ocess yo	ur refund	I.	
		a				1 -	_		1

	Providing this information should speed the proces	sing of your cla	aim. Income reported here should not be included on line 10 of	this form.
шe	Enter in the spaces provided the annual amount of all	other income	not included as household income on line 10:	
Incol	(a) Food Stamps\$	00	(b) Nongovernmental Gifts \$	00
ded	(c) Child Support \$	00	(d) Settlements (lump sum)\$	00
⊒ ×c	(e) Personal and Student Loans \$	00	(f) SSI, Social Security, Veterans or Railroad Disability (enclose documentation)	00
"	(g) Other (See instructions) Source		Amount \$	00

Complete the information below for ALL persons (including yourself) who resided in your household **at any time** during 2015. 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