

## 2016 KANSAS HOMESTEAD CLAIM

134116

DO NOT STAPLE

FILE THIS CLAIM AFTER DECEMBER 31, 2016, BUT NO LATER THAN APRIL 15, 2017

	Claimant's Social Security Number	First four lette claimant's las Use ALL CAPITA	ers of t name.	Claimai Telepho Numbe	nt's one	
nd Address	Your First Name Initial  Mailing Address (Number and Street, including Rural Rot	Mark this box if claimant i deceased (See instruction Date of Death  IMPORTANT: Mark this became or address has cha	oox if			
Name ar	City, Town, or Post Office		Zip Code	County Abbreviation	Mark this box if this is an amended claim	
Qualifications	Answer ONLY the questions that apply to you  1. Age 55 or over for the entire year? Enter date of 2. Disabled or blind for the entire year? Enter the of disability began. See instructions	of birth (must be date under 18 years Enter date of b	prior to 1961)  ENCLOSE S  Verification State  of age for the er  or inth (must be pri	ocial Security Benefit tement or Schedule DIS tire year? or to 2016)	MONTH DAY	OUR HOME. YEAR
Honsehold Income	4. 2016 Wages OR Kansas Adjusted Gross Incon  \$ Enter the total	ons not included ding Medicare ( ) \$ ensions, annui d Retirement). compensation, ( rs who resided	d in Line 4. Do n deductions, rec Enter ities, and vetera grants and scho	pot subtract net operations of subtract net operations of the storal subtract net operations of the storal substract net operations of the storal substract net operations of the storal substract net operations of the subst	ne Credit ng losses t include include	00 00 00 00 00 00
Refund	<ol> <li>Percent of the homestead property that was ren</li> <li>2016 general property taxes, excluding specials more than \$350,000 does not qualify. See instru</li> <li>Amount of property tax allowed. Enter amount fi</li> <li>Using your total household income on line 10 ar</li> <li>HOMESTEAD REFUND (Multiply line 13 by per Important: If you filed Form ELG with your county, your</li> <li>Mark this box if you wish to participate</li> </ol>	s. (Tax on proper uctions.)	700, whichever itercentage Table 14)	Mark this to delinquent s less, enter your refund per pount applied to the first half	pox if you have property tax.	%   00   00   %   00
Signature	I authorize the Director of Taxation or the Director	he best of my k	knowledge and	belief, this is a true,	correct and complete clain	
	Claimant's signature	Date		of preparer other than o		one number
	IMPORTANT: F	Please allow 20	) to 24 weeks to	process your refur	nd.	

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	Providing this information should speed the proces	sing of your cl	aim. Income reported here should not be included on line 10	of this form.
ome	Enter in the spaces provided the annual amount of all	other income	not included as household income on line 10:	
luc Luc	(a) Food Stamps\$		(b) Nongovernmental Gifts \$	00
oled	(c) Child Support \$	00	(d) Settlements (lump sum)\$	00
Exclu	(e) Personal and Student Loans \$	00	(f) SSI, Social Security, Veterans or Railroad Disability (enclose documentation)\$	
	(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 2016. 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	of months resided in household	income included on lines 4-9, Yes/No	Social Security Number
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