

## **2017** KANSAS HOMESTEAD CLAIM

134117

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

	Claimant's Social Security Number	С	irst four lette laimant's last lse ALL CAPITA	t name.	Claiman Telepho Number	ne	
Address	Your First Name Init		t Name			Mark this box if claimant is deceased (See instructions)	
ame and A	City, Town, or Post Office			Zip Code	County Abbreviation	IMPORTANT: Mark this box if name or address has changed Mark this box if this is an amended claim	
Qualifications	<ul> <li><b>TO QUALIFY YOU MUST HAVE BEEN</b></li> <li><b>Answer ONLY the questions that apply to</b></li> <li>1. Age 55 or over for the entire year? Enter da</li> <li>2. Disabled or blind for the entire year? Enter the disability began. See instructions</li> <li>3. Dependent child who resided with you and work this box if you are filing as surviving member who died in the line of duty (see</li> </ul>	you: te of birth he date was under Enter spouse o	(must be p  r 18 years r date of bi f a disable	prior to 1962) ENCLOSE S Verification Sta of age for the er rth (must be prior ed veteran OR of	ocial Security Benefit tement or Schedule DIS tire year? or to 2017) an active duty service	MONTH DAY YEA	
HOUSENOID INCOME	<ol> <li>ENTER THE TOTAL RECEIVED IN 2017</li> <li>2017 Wages OR Kansas Adjusted Gross In \$</li></ol>	ensions no cluding M SSI) \$ er pensio Iroad Ret r's compe others wh	ot included Medicare d ons, annui irrement) ensation, g o resided	plus F I in Line 4. Do no leductions, reco . Enter 5 ties, and vetera grants and scho with you at any	Federal Earned Incom ot subtract net operatin sived in 2017 (do <b>not</b> 0% of this total ans benefits (do <b>not</b> i larships time during 2017	e Credit ng losses include nclude	00 00 00 00 00 00 00
Keruna	<ol> <li>Percent of the homestead property that was</li> <li>2017 general property taxes, excluding spec more than \$350,000 does not qualify. See in</li> <li>Amount of property tax allowed. Enter amount</li> <li>Using your total household income on line 1</li> <li>HOMESTEAD REFUND (Multiply line 13 by Important: If you filed Form ELG with your county,</li> <li>Mark this box if you wish to particip</li> </ol>	cials. (Tax structions int from lin 0 and the percenta your refund	a on proper 3.) ne 12 <b>or</b> \$ Refund Pa ge on line will be reduce	ty valued at 700, whichever i ercentage Table 14) zed by the ELG amo	Mark this b delinquent s less , enter your refund per punt applied to the first half	ox if you have property tax. centage of your 2017 property tax.	%       00       00       %       00
Signature	I authorize the Director of Taxation or the I declare under the penalties of perjury that Claimant's signature		-	nowledge and		correct and complete claim.	er

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

134217

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 r	ot 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 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 2017. 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
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101					
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101			1		
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MAIL TO: Homestead Claim, Kansas Department of Revenue, PO Box 750260, Topeka KS 66675-0260