

## 2018 KANSAS HOMESTEAD CLAIM

134118

DO NOT STAPLE

FILE THIS CLAIM AFTER DECEMBER 31, 2018, BUT NO LATER THAN APRIL 15, 2019

	Claimant's Social Security Number		First four lette claimant's las Use ALL CAPITA	ers of t name.		Claimant's Telephone Number	3		
nd Address	Your First Name Initial Last Name Mailing Address (Number and Street, including Rural Route)						Mark this box if clair deceased (See instruction Date of Death	this box if	
Name al	City, Town, or Post Office State Zip Code County Abbreviation						Mark this box if this amended claim		
Qualifications	TO QUALIFY YOU MUST HAVE BEE  Answer ONLY the questions that apply to 1. Age 55 or over for the entire year? Enter 2. Disabled or blind for the entire year? Enter disability began. See instructions	o you:  date of bin er the date d was und Ent	rth (must be e der 18 years der date of bi	prior to 190  ENCLO  Verificati  of age for rth (must bed veteran	DSE Social Security on Statement or Sc the entire year? e prior to 2018)	y Benefit hedule DIS	MONTH DAY	/N YOUR HO	
Household Income	4. 2018 Wages OR Kansas Adjusted Gross \$ Enter the total  5. All taxable income other than wages and and capital losses	pensions including or SSI) \$ ther pens ailroad R ker's com	not included  Medicare of sions, annui Retirement)  pensation, of	d in Line 4.  deductions En ties, and v grants and with you a	Do not subtract non	ed Income ( net operating 8 (do <b>not</b> in ial c (do <b>not</b> in	g losses nclude		00 00 00 00 00 00
Refund	<ul> <li>11. Percent of the homestead property that w</li> <li>12.2018 general property taxes, excluding sp more than \$350,000 does not qualify. See</li> <li>13. Amount of property tax allowed. Enter am</li> <li>14. Using your total household income on line</li> <li>15. HOMESTEAD REFUND (Multiply line 13 Important: If you filed Form ELG with your coun</li> <li>Mark this box if you wish to partic</li> </ul>	pecials. (T. instruction ount from the 10 and the 10 percently, your refundations in the 10 percently, your refundations in the 10 percently.)	ax on proper ons.)	ty valued a	ever is less  Table, enter your in the control of the cont	Mark this boodelinquent po	x if you have roperty taxentage		% 00 00 % 00
Signature	I authorize the Director of Taxation or the I declare under the penalties of perjury the		best of my k	knowledge	and belief, this i	is a true, co	orrect and complete		
U)	Claimant's signature	<b>.</b>	Date		ature of preparer of			r's phone numbe	er
	IMPORTA	ANT: Plea	ase allow 20	) to 24 we	eks to process y	our refund	•		

	Providing this information should speed the processing of your claim. Income reported here should not be included on line 10 of this form.						
me	Enter in the spaces provided the annual amount of all	II other income	not included as household income on line 10:				
luco luco	(a) Food Stamps\$	00	(b) Nongovernmental Gifts\$	00			
ded	(c) Child Support\$	00	(d) Settlements (lump sum) \$	00			
⊒ XC	(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 2018. 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
	Men				
	1000				
401					
00 11	0	163			
	$CO_L$				
1040			Λ		
PL/2		0/4	An		
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