

## 2019 KANSAS HOMESTEAD CLAIM

134119

DO NOT STAPLE

FILE THIS CLAIM AFTER DECEMBER 31, 2019, BUT NO LATER THAN APRIL 15, 2020

	Claimant's Social Security Number		First four lette claimant's las Use ALL CAPIT	st name.	Te	aimant's elephone umber				
dress	Your First Name Initial Las					Mark this box if deceased (See Date of Death	instructions)			
and Ad	Mailing Address (Number and Street, including Rural Route)						Mark this box if s has changed			
Name	City, Town, or Post Office State Zip Code County Abbreviation					Mark this box if	this is an			
	TO QUALIFY YOU MUST HAVE BEEN A <u>RESIDENT OF KANSAS</u> THE <u>ENTIRE YEAR</u> OF 2019 AND <u>OWN YOUR H</u> Answer ONLY the questions that apply to you:									
DS.	Answer ONLY the questions that apply to you:  1. Age 55 or over for the entire year? Enter date of birth (must be prior to 1964)						DAY YEA	.R		
Qualificatio	Disabled or blind for the entire year? Enter the date disability began. See instructions      BucLose 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 2019)									
	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 <b>required enclosures</b> ).									
	ENTER THE TOTAL RECEIVED IN 2019 FOR EACH TYPE OF INCOME. See instructions.									
Ф	4. 2019 Wages OR Kansas Adjusted Gross Income \$ plus Federal Earned Income \$ Enter the total							00		
Eo	All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating and capital losses							00		
d Inc	Total Social Security and SSI benefits, including Medicare deductions, received in 2019 (do <b>not</b> include disability payments from Social Security or SSI)      Enter 50% of this total							00		
ehol	7. Railroad Retirement benefits <b>and</b> all other pensions, annuities, and veterans benefits (do <b>not</b> include disability payments from Veterans and Railroad Retirement)							00		
sno	8. TAF payments, general assistance, worker's compensation, grants and scholarships							00		
Ĭ	9. All other income, including the income of others who resided with you at any time during 2019							00		
	10. <b>TOTAL HOUSEHOLD INCOME</b> (Add lines 4 through 9. If line 10 is more than \$35,700, you do not qualify for a refund)							00		
	11. Percent of the homestead property that was rented or used for business in 2019 (see instructions)							%		
						this box if you have uent property tax.		00		
pur	13. Amount of property tax allowed. Enter amount from line 12 <b>or</b> \$700, whichever is less							00		
Sef	14. Using your total household income on line 10 and the Refund Percentage Table, enter your refund per							%		
	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)									
gnature		I authorize the Director of Taxation or the Director's designee to discuss my K-40H and enclosures with my preparer.  declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct and complete claim.								
က	Claimant's signatu	'e	Date	Signatu	re of preparer other th	nan claimant Pre	parer's phone num	ber		
		IMPORTANT: P	lease allow 20	0 to 24 weeks	to process your re	efund.				

	Providing this information should speed the processing of your claim. 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	ot included as household income on line 10:			
Incol	(a) Food Stamps\$	00	(b) Nongovernmental Gifts\$	00		
ged	(c) Child Support\$	00	(d) Settlements (lump sum) \$	00		
ב אכוב אכוב	(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 2019. 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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