

2020 KANSAS HOMESTEAD CLAIM

134120

	Claimant's Social Security Number		First four lette claimant's las Use ALL CAPITA	t name.	Te	aimant's elephone umber			
oress	Your First Name		Last Name				Mark this box if claimant is deceased (See instructions) Date of Death		
and Ad	Mailing Address (Number and Street, including Rural Route)						IMPORTANT: Mark this box if name or address has changed		
Name	City, Town, or Post Office		State	Zip Code	County Abbreviat		Mark this box if this is a amended claim		
	TO QUALIFY YOU MUST HAVE BE	EN A <u>R</u>	ESIDENT O	<u>F KANSAS</u> T	HE <u>ENTIRE</u> <u>YE</u>	<u>EAR</u> (OF 2020 AND <u>OWN</u>	YOUR HOME.	
n	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 1965)								
Ca	2. Disabled or blind for the entire year? Enter the date disability began. See instructions					efit e 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 2020)									
	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 2020 FOR EACH TYPE OF INCOME. See instructions.								
	4. 2020 Wages OR Kansas Adjusted Gross Income (if negative, enter zero) \$ plus Federal 00								
OME	 Earlied income offecting Enter the total							00	
	6. Total Social Security and SSI benefits, including Medicare deductions, received in 2020 (do not include disability payments from Social Security or SSI) \$ Enter 50% of this total								
enol	7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement)								
SU0	8. TAF payments, general assistance, worker's compensation, grants and scholarships							00	
Ē	9. All other income, including the income of others who resided with you at any time during 2020							00	
	10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$36,300 you do not qualify for a refund)								
						、			
	 11. Percent of the homestead property that was rented or used for business in 2020 (see instructions) 12.2020 general property taxes, excluding specials. (Tax on property valued at Mark this business) 						x if you have	%	
							roperty tax.	00	
Ketuna	13. Amount of property tax allowed. Enter amount from line 12 or \$700, whichever is less							00	
	14. Using your total household income on line 10 and the Refund Percentage Table, enter your refund percentage						entage	%	
	15. HOMESTEAD REFUND (Multiply line 13 by percentage on line 14)								
	Mark this box if you wish to partic	cipate	in the Refu	nd Advance	ment Program	n (see	e instructions)		
lature	I authorize the Director of Taxation or I declare under the penalties of perjury t		0					aim.	



	Providing this information should speed the processing of your claim. Income reported here should not be included on line 10 of this form.						
Ð	Enter in the spaces provided the annual amount of	all other income	not 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 2020. 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
		1			
	SOP.				
		53			
<u> </u>	202	1ES			
7			•		
oh0 '		2			
	121	101-			
13-	HID				
05					