

2021 KANSAS HOMESTEAD CLAIM

134121

DO NOT STAPLE

FILE THIS CLAIM AFTER DECEMBER 31, 2021, BUT NO LATER THAN APRIL 15, 2022

Mark this box if claimant is deceased (See instructions). Date of Death MPORTANT. Mark this box if name or adoress has changed		Claimant's Social Security Number		First four lett claimant's la: Use ALL CAPIT	st name.	Claima Telepho Numbe	one			
TO QUALIFY YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2021 AND OWN YOUR HOME. 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 1966) 2. Disabled or bilind for the entire year? Enter the date disability began. See instructions. 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 2021). Mark this box if you are filing as surviving spouse of a disablety develor OR of an eative duty service member who died in the line of duty (see instructions for this qualification and for required enclosures) ENTER THE TOTAL RECEIVED IN 2021 FOR EACH TYPE OF INCOME. See Instructions. 4. 2021 Wages OR Kansas Adjusted Gross Income (if negative, enter zero) \$	adress	Our First Name		Last Name			deceased (See instructions)			
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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 1966)		ity, Town, or Post Office		State	Zip Code	County Abbreviation				
disability began. See instructions. 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 2021). 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 2021 FOR EACH TYPE OF INCOME. See instructions. 4. 2021 Wages OR Kansas Adjusted Gross Income (if negative, enter zero) \$ plus Federal Earned Income Credit \$ Enter the total	IOUS	Answer ONLY the questions that apply to you: MONTH DAY YEAR								
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4. 2021 Wages OR Kansas Adjusted Gross Income (if negative, enter zero) \$	3	Mark this box if you are filing as surviving spouse of a disabled veteran OR of an active duty service								
12. 2021 general property taxes, excluding specials. (Tax on property valued at more than \$350,000 does not qualify. See instructions.)		4. 2021 Wages OR Kansas Adjusted Gross Earned Income Credit \$ 5. All taxable income other than wages and and capital losses	Income En	e (if negative, ter the total ns not include ng Medicare \$nsions, annu Retirement) mpensation, who resided	enter zero) \$ d in Line 4. Do deductions, re Enter ities, and vete grants and scl	not subtract net operations of this total operations of this total operations benefits (do not not not around a during 2021	s Federal 00 ing losses 00 t include 00 include 00			
	Neighb	 12.2021 general property taxes, excluding sp more than \$350,000 does not qualify. See 13. Amount of property tax allowed. Enter and 14. Using your total household income on line 15. HOMESTEAD REFUND (Multiply line 13 to Important: If you filed Form ELG with your county) 	ecials. instruction from 10 and by percent, your re	(Tax on prope tions.)	orty valued at 6700, whicheve Percentage Tab 9 14)	Mark this to delinquent r is less	box if you have t property tax. 00 rcentage			
I declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct and complete claim.	D L	I authorize the Director of Taxation or the	e Direct	tor's designee	e to discuss my	K-40H and enclosures	with my preparer.			
Claimant's signature Date Signature of preparer other than claimant Tax Preparer's PTIN, EIN or SSN:	Signatur		it to the	e best of my	Date		ure of preparer other than claimant			

	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 not included as household income on line 10:								
OSUI	(a) Food Stamps\$	00	(b) Nongovernmental Gifts \$						
lded	(c) Child Support \$	00	(d) Settlements (lump sum) \$						
HXCII	(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 2021. 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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