

## **2022** KANSAS HOMESTEAD CLAIM



## FILE THIS CLAIM AFTER DECEMBER 31, 2022, BUT NO LATER THAN APRIL 18, 2023

	Claimant's Social Security Number	First four letter claimant's last Use ALL CAPIT/	name.		Claimant' Telephon Number					
dress	Your First Name Initial	Last Name				decease	is box if cla ed (See ins Death	tructions	s)	
and Ad	Mailing Address (Number and Street, including Rural Route)						TANT: Marl r address h			
Name :	City, Town, or Post Office	State	Zip Code	County Abbre			is box if this ed claim			
	TO QUALIFY YOU MUST HAVE BEEN A Answer ONLY the questions that apply to yo		F <u>KANSAS</u>	THE <u>ENTIF</u>	<u>RE YEAR</u> (			DAY		
SUC	1. Age 55 or over for the entire year? Enter date	of birth (must be p	orior to 1967)							
cario	<ol><li>Disabled or blind for the entire year? Enter the disability began. See instructions</li></ol>				ty Benefit chedule DIS					
	<ol> <li>Dependent child who resided with you and was Child's name</li> </ol>				to 2022)					
D D D	Mark this box if you are filing as surviving sp member who died in the line of duty (see ins	ouse of a disable	d veteran OR	of an active d	uty service	_	NOTE: If yo or K-40SVR qualify for th	for 2022.	you DO N	тог
	ENTER THE TOTAL RECEIVED IN 2022	FOR EACH TY	PE OF INC	OME. See i	instructio	ns.				
	4. 2022 Wages OR Kansas Adjusted Gross Inco									
ome	Earned Income Credit \$ 5. All taxable income other than wages and pens and capital losses	ions not included	in Line 4. Do	not subtract n	et operating	losses				00
	<ol> <li>Total Social Security and SSI benefits, includir payments from Social Security or SSI) \$</li> </ol>	ng Medicare dedu	ctions, receiv	ed in 2022 (do	not include	disabilit	ty			00
enoid	7. Railroad Retirement benefits and all other pen	etirement benefits <b>and</b> all other pensions, annuities, and veterans benefits (do <b>not</b> include disability rom Veterans and Railroad Retirement)								
SU	8. TAF payments, general assistance, worker's c	ompensation, gra	nts and scho	arships						00
Ĕ	9. All other income, including the income of other	s who resided wit	h you at any	time during 20	22		·-			00
	10. TOTAL HOUSEHOLD INCOME (Add lines 4 t refund)									00
	11.Percent of the homestead property that was re	ented or used for h	ousiness in 20	)22 (see instru	ctions)					%
	12.2022 general property taxes, excluding specia	ls. (Tax on proper	ty valued at	`	Mark this bo	x if you l	have			
_	more than \$350,000 does not qualify. See inst				delinquent p	. ,				00
Ĭ	13. Amount of property tax allowed. Enter amount	from line 12 or \$7	700, whichev	er is less						00
Yer	14. Using your total household income on line 10 and the Refund Percentage Table, enter your refund percentage									%
15. HOMESTEAD REFUND (Multiply line 13 by percentage on line 14)										00
Important: If you filed Form ELG with your county, your refund will be reduced by the ELG amount applied to the first half of your 2022 proper Mark this box if you wish to participate in the Refund Advancement Program (see instructions)										
	Mark this box if you wish to participat	e in the Reful	nu Auvano	cement Pro	gram (se	einstru	lctions)			
ature	I authorize the Director of Taxation or the Di I declare under the penalties of perjury that to	0		,			•	te claim		
Signa	Claimant's signature		Date	ov Drop opping - DTM		e of prepa	arer other tha		nt	
	IMPORTANT:	Please allow 20		ax Preparer's PTIN						
	COMPLETE THE BACK OF T	HIS FORM							]	



Providing this information should s	peed the processin	of vour claim.	Income reported here	e should not be included o	n line 10 of this form
			meetine reperted mer		

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	<ul><li>(f) SSI, Social Security, Veterans or Railroad Disability (enclose documentation)\$</li></ul>	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 2022. 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
	aN				
		25			
	902	155			
17	<u>CU.</u>				
			A		
K.		OR			
- 1	415				
OF '					

MAIL TO: Homestead Claim, Kansas Department of Revenue, PO Box 750260, Topeka KS 66699-0260