



DO NOT STAPLE

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

Claimant's Social Security Number

First four letters of claimant's last name. Use ALL CAPITAL letters.

Claimant's Telephone Number

Name and Address section with fields for First Name, Initial, Last Name, Mailing Address, City, Town, or Post Office, State, Zip Code, and County Abbreviation.

Mark this box if claimant is deceased (See instructions).....

Date of Death

IMPORTANT: Mark this box if name or address has changed.....

Mark this box if this is an amended claim.....

TO QUALIFY YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2022 AND OWN YOUR HOME.

Qualifications section with questions 1-3 regarding age, disability, and dependent child. Includes a box for 'ENCLOSE Social Security Benefit Verification Statement or Schedule DIS' and a 'NOTE' box about Form K-40PT or K-40SVR.

ENTER THE TOTAL RECEIVED IN 2022 FOR EACH TYPE OF INCOME. See instructions.

Household Income table with 10 rows and columns for description, amount, and cents. Includes categories like Wages, Social Security, and Total Household Income.

Refund section with questions 11-15 regarding property tax and homestead refund. Includes an 'Important' note and a box for 'Mark this box if you wish to participate in the Refund Advancement Program'.

Signature section with fields for Claimant's signature, Date, Signature of preparer other than claimant, and Tax Preparer's PTIN, EIN or SSN.

IMPORTANT: Please allow 20 to 24 weeks to process your refund.

COMPLETE THE BACK OF THIS FORM

Grid of boxes for tracking or marking.



**Providing this information should speed the processing of your claim.** Income reported here should not be included on line 10 of this form.

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 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

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