K-40H

DO NOT STAPLE

2023 KANSAS HOMESTEAD CLAIM





FILE THIS CLAIM AFTER DECEMBER 31, 2023, BUT NO LATER THAN APRIL 15, 2024

	Claimant's Social Security Number First four letters of claimant's last name. Use ALL CAPITAL letters. Use ALL CAPITAL letters.								
dress	Your First Name Initial Last Name Mark this box if claimant is deceased (See instructions) Date of Death / /								
and Add	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 Abbreviation Mark this box if this is an amended claim								
	TO QUALIFY YOU MUST HAVE BEEN A <u>RESIDENT OF KANSAS</u> THE <u>ENTIRE YEAR</u> OF 2023 AND <u>OWN YOUR HOME</u> .								
<u>ග</u>	Answer ONLY the questions that apply to you: MONTH DAY YEAR A A TO 55 TO THE OF THE PROPERTY								
tion	Age 55 or over for the entire year? Enter date of birth (must be prior to 1968) Disabled or blind for the entire year? Enter the date Comparison of the entire year? Enter the date Comparison of the enter year? Enter the date Comparison of the enter year? Enter the enter year? Ente	╡							
ica	2. Disabled or blind for the entire year? Enter the date disability began. See instructions	_							
ualif	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 2023)								
ā	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). NOTE: If you filed a Form K-40PT or K-40SVR for 2023, you DO NOT qualify for this property tax refund.								
	ENTER THE TOTAL RECEIVED IN 2023 FOR EACH TYPE OF INCOME. See instructions.								
	4. 2023 Wages OR Kansas Adjusted Gross Income (if negative, enter zero) \$ plus Federal Earned Income Credit \$ Enter the total								
me	5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses								
Inco	6. Total Social Security and SSI benefits, including Medicare deductions, received in 2023 (do not include disability payments from Social Security or SSI) \$ Enter 50% of this total								
hold	7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement)								
use	8. TAF payments, general assistance, worker's compensation, grants and scholarships								
울	9. All other income, including the income of others who resided with you at any time during 2023								
	10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$40,500 you do not qualify for a refund)								
	11. Percent of the homestead property that was rented or used for business in 2023 (see instructions)	-							
	11. Percent of the homestead property that was rented or used for business in 2023 (see instructions)								
pu	13. Amount of property tax allowed. Enter amount from line 12 or \$700, whichever is less	٦							
Sefu	14. Using your total household income on line 10 and the Refund Percentage Table, enter your refund percentage								
IL.	15. HOMESTEAD REFUND (Multiply line 13 by percentage on line 14)								
	Mark this box if you wish to participate in the Refund Advancement Program (see instructions)								
a)	I authorize the Director of Taxation or the Director's designee to discuss my K-40H and enclosures with my preparer.	_							
Signature	I declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct and complete claim.								
	Claimant's signature Date Signature of preparer other than claimant Tax Preparer's PTIN, EIN or SSN:	_							
	IMPORTANT: Please allow 20 to 24 weeks to process your refund.	Ē							
	COMPLETE THE BACK OF THIS FORM								

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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)
(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 2023. 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	included on lines 4-9, Yes/No	Social Security Number
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Or .					