

DO NOT STAPLE

2024
KANSAS HOMESTEAD CLAIM



FILE THIS CLAIM AFTER DECEMBER 31, 2024, BUT NO LATER THAN APRIL 15, 2025

Claimant's
Social Security
Number

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

Claimant's
Telephone
Number

Name and Address

Your First Name

Initial

Last Name

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

Mailing Address (Number and Street, including Rural Route)

City, Town, or Post Office

State

Zip Code

County Abbreviation

Qualifications

TO QUALIFY YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2024 AND OWN YOUR HOME.

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 1969).....

2. Disabled or blind for the entire year? Enter the date
disability began. See instructions

ENCLOSE Social Security Benefit
Verification Statement or Schedule 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 2024).....

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 2024, you **DO NOT**
qualify for this property tax refund.

Household Income

ENTER THE TOTAL RECEIVED IN 2024 FOR EACH TYPE OF INCOME. See instructions.

4. 2024 Wages OR Kansas Adjusted Gross Income (if negative, enter zero) \$ _____ plus Federal Earned Income Credit \$ _____. Enter the total.....	00
5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses	00
6. Total Social Security and SSI benefits, including Medicare deductions, received in 2024 (do not include disability payments from Social Security or SSI) \$ _____. Enter 50% of this total	00
7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement)	00
8. TAF payments, general assistance, worker's compensation, grants and scholarships	00
9. All other income, including the income of others who resided with you at any time during 2024	00
10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$42,600 you do not qualify for a refund)	00

Refund

11. Percent of the homestead property that was rented or used for business in 2024 (see instructions).....	%
12. 2024 general property taxes, excluding specials. (Tax on property valued at more than \$350,000 does not qualify. See instructions.)..... <input type="checkbox"/> Mark this box if you have delinquent property tax.	00
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	%
15. HOMESTEAD REFUND (Multiply line 13 by percentage on line 14)	00

Mark this box if you wish to participate in the Refund Advancement Program (see instructions)

Signature

I authorize the Director of Taxation or the Director's designee to discuss my K-40H and enclosures with my preparer.

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.

COMPLETE THE BACK OF THIS FORM

