

2017 KANSAS PROPERTY TAX RELIEF CLAIM for Low Income Seniors

FILE THIS CLAIM AFTER DECEMBER 31, 2017, BUT NO LATER THAN APRIL 15, 2018

	Claimant's Social Security Number		clair	four letters nant's last r ALL CAPITAL	name.		Claimant' Telephon Number		
and Address	Your First Name Mailing Address (Number and Street, including		Last Name oute)					Mark this box if claimant is deceased (See instructions) Date of Death IMPORTANT: Mark this box if name or address has changed	
Name a	City, Town, or Post Office				Zip Code	County Abbr		Mark this box if this is an amended claim	
Qualifications	 To qualify for this property tax refund limitation <u>and</u> you must have been: 1. A resident of Kansas during the entire 2. A home owner during 2017; and, 3. Age 65 or over for the entire year. Enter 	e year of 2	2017;					NOTE: If you filed a Form K-4 2017, you DO NOT qualify for property tax refund. MONTH DAY	or this
Household Income	 ENTER THE TOTAL RECEIVED IN 2017 Wages OR Kansas Adjusted Gro \$ Enter the total All taxable income other than wages a and capital losses	oss Incon and pensions, includii rity or SS I other per nd Railro vorker's co e of other	ne \$ ons not ng Mec SI) ensions oad Ref comper rs who	included dicare dea s, annuiti tirement) usation, g resided v	in Line 4. Do ductions, reco es, and veter rants and sch with you at an	s Federal Earne not subtract ne eived in 2017 (rans benefits (nolarships	ed Income t operatin do not in do not in 017	e Credit ng losses clude clude	00 00 00 00 00 00 00
Ketund	 General property taxes paid timely in not qualify. See instructions on the bac PROPERTY TAX REFUND. Multiply the an Important: If you filed Form ELG with first half of your 2017 property tax. Mark this box if you wish to particip 	ck of this t mount on your cour	form.) line 11 hty, you	by 75% (r refund v	.75). This is the vill be reduced	ne amount of yo d by the ELG an	ur refund nount app	blied to the	00
Inature	I authorize the Director of Taxation or I declare under the penalties of perjury t			0	,			3 • • •	

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



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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.							
me	13. Enter in the spaces provided the annual amount of	e not included as household income on line 10:						
		00						
	(a) Food Stamps \$		(b) Nongovernmental Gifts \$	00				
lde	(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				

14. List the names of <u>ALL</u> persons who resided in your household <u>at</u> <u>any time</u> during 2017. Specify the number of months they lived with you and report their portion of income <u>that is</u> included in total household income on line 10 of this form.

hold	Name	Number of months resided in household	Their portion of income that is included on line 10	s Social Security Number	
ouse		\$	00	0	
Ĕ		\$	00	0	
o Si		\$	00	0	
mbe		\$	00	0	
Re		\$	00	0	
		\$	00	0	

FORM K-40PT LINE-BY-LINE INSTRUCTIONS

If you filed a Form K-40H for 2017, you cannot claim this refund.

NAME AND ADDRESS

Use the instructions for Form K-40H on page 4 to complete the personal information at the top of Form K-40PT.

QUALIFICATIONS

Lines 1 through 3: You must have been 65 years of age or older (born before January 1, 1952), a resident of Kansas all of 2017 and a home owner during 2017. If you meet these qualifications, enter your date of birth on line 3.

HOUSEHOLD INCOME

Enter on lines 4 through 10 the annual income amounts received by you and your spouse during 2017. Enter on line 9 the income of ALL other persons who lived with you at any time during 2017.

Lines 4 and 5: Use the instructions for lines 4 and 5 of Form K-40H that begin on page 4 to complete lines 4 and 5 of Form K-40PT.

Line 6: Enter the total Social Security and Supplemental Security Income (SSI) benefits received by you and your spouse. Include amounts deducted for Medicare, any Social Security death benefits, and any SSI payments not shown on the annual benefit statement. Do not include Social Security or SSI "disability" payments. (NOTE: Social Security disability or SSI payments become regular Social Security payments when a recipient reaches age 65. These Social Security disability payments, that were once Social Security disability or SSI payments, are NOT included in household income.) Enter the annual amount of any Social Security disability benefits and Social Security payments of a person who has reached age 65 who had previously been receiving Social Security disability payments, in the Excluded Income section on the back of Form K-40PT and enclose a benefit statement or award letter with your claim.

If you do not have your statement of Social Security benefits, use the method given for line 6 of Form K-40H to compute your total received in 2017. Instructions are on page 4.

Lines 7 through 9: Use the instructions for lines 7 through 9 of Form K-40H on page 5 to complete these lines on Form K-40PT.

Line 10: Add lines 4 through 9 and enter the result. If line 10 is more than \$19,500, you **do not qualify** for a refund.

REFUND

Line 11: Enter the total 2017 general property tax you paid as shown on your real estate tax statement. Enter only **timely paid** tax amounts. For a list of items that you **cannot include** see the instructions for line 12 of Form K-40H on page 5.

If you are filing on behalf of a claimant who died during 2017, the property tax must be prorated based on the date of death. To determine the property tax amount to enter here, follow the instructions for deceased claimants on page 6.

Line 12: Multiply the amount on line 11 by 75% (.75). This is the amount of your property tax refund.

EXCLUDED INCOME

Line 13: To speed the processing of your refund, list in items (a) through (g) all other income that you **did not include** on line 10. For more information on what to include here, see *Excluded Income* on page 5.

Line 14: List all persons who resided in your household at any time during 2017. Complete all requested information for each person. If more space is needed, enclose a separate sheet.

SIGNATURE

You, as the claimant, **MUST sign the claim**. See the instructions for *Signature* on page 6.