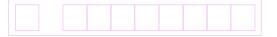


2019 KANSAS PROPERTY TAX RELIEF CLAIM for Low Income Seniors

	Claimant's Social Security Number	clai	t four letters mant's last r ALL CAPITAL	name.	Claiman Telepho Number	ne		
nd Address	Your First Name Initial Last Name Mailing Address (Number and Street, including Rural Route)					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		State	Zip Code	County Abbreviation	Mark this box amended cla	< if this is an im	
Qualifications	 To qualify for this property tax refund limitation and you must have been: 1. A resident of Kansas during the entire 2. A home owner during 2019; and, 3. Age 65 or over for the entire year. Entire 	e year of 2019;				2019, you property ta MONTH		r this
	 ENTER THE TOTAL RECEIVED IN 2019 Wages OR Kansas Adjusted Gro Enter the total . All taxable income other than wages at and capital losses	ass Income \$ nd pensions no s, including Me rity or SSI) other pension nd Railroad Re orker's compete e of others who	t included dicare de s, annuiti tirement) nsation, g resided v	in Line 4. Do not ductions, receives, and vetera rants and schowith you at any	Federal Earned Incon ot subtract net operati ved in 2019 (do not in ns benefits (do not in larships	ne Credit ng losses nclude nclude		00 00 00 00 00 00 00
Ketuna	 General property taxes paid timely in not qualify. See instructions on the bac PROPERTY TAX REFUND. Multiply the ar Important: If you filed Form ELG with first half of your 2019 property tax. Mark this box if you wish to particip 	k of this form.). nount on line 1 ⁻ your county, you	l by 75% our refund v	(.75). This is the will be reduced	amount of your refun by the ELG amount ap	d oplied to the		00
pignature	I authorize the Director of Taxation or I declare under the penalties of perjury t		-	-				
	Claimant's signature	D	ate	Signature of	preparer other than cla	imant Pr	eparer's phone numbe	r



135319

	Providing this information should speed the processing of your claim. Income reported here should not be included on line 10 of this form.					
ome	13. 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		
nde	(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 any time</u> during 2019. 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.

ehold	Name	Number of months resided in household	Their portion of income that is included on line 10	Social Security Number
ouse		\$	00	
Ť		\$	00	
ers o		\$	00	
mbe		\$	00	
Me		\$	00	
		\$	00	

FORM K-40PT LINE-BY-LINE INSTRUCTIONS

If you filed a Form K-40H for 2019, 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, 1954), a resident of Kansas all of 2019 and a home owner during 2019. If you meet these qualifications, enter your date of birth on line 3.

HOUSEHOLD INCOME

Enter on lines 4 through 8 the annual income amounts received by you and your spouse during 2019. Enter on line 9 the income of ALL other persons who lived with you at any time during 2019.

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 full retirement age. 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 full retirement age 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 2019. 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 \$20,300, you **do not qualify** for a refund.

REFUND

Line 11: Enter the total 2019 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 2019, 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 6.

Line 14: List all persons who resided in your household at any time during 2019. 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.