



FILE THIS CLAIM AFTER DECEMBER 31, 2020, BUT NO LATER THAN APRIL 15, 2021

Claimant's Social Security Number

[Empty box for Social Security Number]

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

[Empty box for last name initials]

Claimant's Telephone Number

[Empty box for Telephone Number]

Name and Address

Name and Address form with fields for First Name, Initial, Last Name, Mailing Address, City, State, Zip Code, County Abbreviation

Checkboxes for deceased status, name/address change, and amended claim

Qualifications

TO QUALIFY YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2020 AND OWN YOUR HOME.

Answer ONLY the questions that apply to you:

Qualification questions 1-3 with date input fields and a box for Social Security Benefit Verification Statement

Household Income

ENTER THE TOTAL RECEIVED IN 2020 FOR EACH TYPE OF INCOME. See instructions.

Table with 10 rows for household income types and a column for amounts in dollars

Refund

Table with 5 rows for refund calculations and a column for percentages

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, Preparer's phone number

COMPLETE THE BACK OF THIS FORM

[Empty boxes for back of form]



