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 nam Use ALL CAPITAL lette	ne.		Claimant' Telephon Number						
ress	our First Name Initial Last Name						Mark this box if claimant is deceased (See instructions)					
and Add	Mailing Address (Number and Street, including Rural Route)						Date of Death / / IMPORTANT: Mark this box if name or address has changed					
Name a	City, Town, or Post Office	State Zip	e Zip Code County Abbreviation			Mark this box if this is an amended claim						
	TO QUALIFY YOU MUST HAVE BE	EN A <u>re</u>	<u>ESIDENT OF K</u>	<u>ANSAS</u> TH	ie <u>entir</u>	<u>E YEAR</u> (<u>/N YOU</u>			
G	Answer ONLY the questions that apply	to you:					MONTH	DAY		YEA	R	
Ö	1. Age 55 or over for the entire year? Enter		· ·	r to 1968)			·		╡┝═			
cat	2. Disabled or blind for the entire year? Er disability began. See instructions	te ENCLOSE Social Security Benefit Verification Statement or Schedule DIS										
alifi	3. Dependent child who resided with you and was under 18 years of age for the entire year?											
ð	Child's name Enter date of birth (must be prior to 2023) 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-40 or K-40SVR for 2023, you DO N qualify for this property tax refu								NOT			
	ENTER THE TOTAL RECEIVED IN 2023 FOR EACH TYPE OF INCOME. See instructions.											
	4. 2023 Wages OR Kansas Adjusted Gros Earned Income Credit \$	ss Income	e (if negative, ente ter the total	er zero) \$		plus	Federal	1.1			00	
u m	5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses											
	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											
	7. Deilreed Detirement henefite and all other nonsigner enquities, and veterane henefite (de net include										00	
lse			,					1.1	1		00	
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	11 Percent of the homestead property that	was rente	ad or used for busin	ness in 2023	(see instru	ctions)						
	 11. Percent of the homestead property that was rented or used for business in 2023 (see instructions) 12.2023 general property taxes, excluding specials. (Tax on property valued at more than \$350,000 does not qualify. See instructions.) 										<u>%</u> 00	
ē	13. Amount of property tax allowed. Enter amount from line 12 or \$700, whichever is less										00	
efui	14. Using your total household income on line 10 and the Refund Percentage Table, enter your refund percentage									_	%	
œ										00		
	Mark this box if you wish to parti			-			-					
ature	I authorize the Director of Taxation or I declare under the penalties of perjury f		0	,					claim.			
gn	Claimant's signature			Date		Signatu	re of prepar	er other tha	an claima	ant		
S				Tax Prepa	rer's PTIN, E	IN or SSN:						
	IMPOR	TANT: PI	ease allow 20 to 2	24 weeks to	process y	our refund	l.					
	COMPLETE THE BACK	OF THI	S 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 \$	0						
(c) Child Support \$	00	(d) Settlements (lump sum) \$	0						

00

(f)

SSI, Social Security, Veterans or Railroad Disability (enclose documentation)......\$

Amount \$

(g) Other (See instructions) Source

(e) Personal and Student Loans..... \$

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.

Date of Birth	Relationship	number of months resided in household	included on lines 4-9, Yes/No	Social Security Number
-0	63			
COV				
		N		
IS I				

Aembers of Household