

K-40H

(Rev. 6/10)

DO NOT STAPLE

2010 KANSAS HOMESTEAD CLAIM

134110



FILE THIS CLAIM AFTER DECEMBER 31, 2010, BUT NO LATER THAN APRIL 15, 2011

Claimant's Social Security Number

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

Claimant's Telephone Number

Name and Address	First Name of Claimant	Initial	Last Name		
	Home Address (number and street or rural route)				
	City	State	Zip Code	County Abbreviation	

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

YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2010

Answer **ONLY** the questions that apply to you:

- Age 55 or over for the entire year? Enter date of birth (must be prior to 1955)
- Disabled or blind for the entire year? Enter the date disability began. See instructions. **ENCLOSE Social Security Benefit Verification Statement or Schedule DIS**
- 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 2010)

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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**).

ENTER THE TOTAL RECEIVED IN 2010 FOR EACH TYPE OF INCOME. See instructions.

Household Income						
4. 2010 Wages OR Kansas Adjusted Gross Income \$ _____ plus Federal Earned Income Credit \$ _____. Enter the total.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Total Social Security and SSI benefits, including Medicare deductions, received in 2010 (do not include disability payments from Social Security or SSI) \$ _____. Enter 50% of this total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. TAF payments, general assistance, worker's compensation, grants and scholarships	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. All other income, including the income of others who resided with you at any time during 2010.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$30,800, you do not qualify for a refund)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Refund	11. OWNER - 2010 general property taxes (See instructions) <input type="checkbox"/> Mark this box if you have delinquent property tax.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	12. RENTER - Enter total of line 5 amounts from RNT Schedule(s). ENCLOSE all RNT Schedules	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	13. Total. Add lines 11 and 12, but do not enter more than \$700.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	14. Using your total household income on line 10 and the Refund Percentage Table, enter your refund percentage.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	15. Homestead refund (Multiply line 13 by percentage on line 14) Important: If you filed Form ELG with your county, your refund will be reduced by the ELG amount applied to the first half of your 2010 property tax.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

IMPORTANT: Please allow **20 to 24 weeks** to process your refund. **Renters should allow 28 weeks** so the rent can be verified with your landlord.

PLEASE COMPLETE THE BACK OF THIS FORM



Excluded Income

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 \$	00
(c) Child Support \$	00	(d) Settlements (lump sum) \$	00
(e) Personal and Student Loans . . \$	00	(f) SSI, Social Security, Veterans or Railroad Disability \$	00
(g) Other (See instructions) Source _____		Amount \$	00

Owner Statement

Is the property listed above owned by someone other than you **OR** you and your spouse? Yes No

If yes, did that person reside with you in 2010? Yes No

If the property was owned by someone other than you or you and your spouse, did they pay any portion of the property tax? Yes No

If yes, what amount of the total property tax due did they pay? 00

What portion, if any, of the homestead property was rented or used for business in 2010? _____ % (See instructions)

Members of Household

Complete the information below for ALL persons (including yourself) who resided in your household **at any time** during 2010. 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.

Name	Date of birth	Relationship	Number of months resided in household	Income included on lines 4-9, Yes/No	Social Security Number
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