This is <u>not</u> a current year tax form and cannot be used to file a 2009 return. If you use this form for a tax year other than is intended, it will <u>not</u> be processed. Instead, it will be returned to you with a request to submit your information on the proper form.

If you need a <u>current year</u> Kansas tax form, send your request through email at <u>forms@kdor.state.ks.us</u> or call our voice mail forms request line at 785-296-4937. Please allow 2 weeks for delivery.

FORM LOCATED BELOW, PLEASE SCROLL OR PAGE DOWN.



2008 KANSAS HOMESTEAD CLAIM

| 1 | 3 | 4 | 1 | 0 | 8 |
|---|---|---|---|---|---|
| | | | | | |

| JU | FILE THIS CLAIM AFTER DECEMBER 31, 2008, BUT NO LATER THAN APRIL 15, 2009 | | | | | | | |
|-------------|--|-------|--|--|--|--|--|--|
| | Claimant's First four letters of Claimant's Social Security claimant's last name. Telephone Number Use ALL CAPITAL letters. Number | | | | | | | |
| dress | First Name of Claimant Initial Last Name Mark this box if claimant is deceased (See instructions) Date of Death | 🗖 | | | | | | |
| Add | Home Address (number and street or rural route) | | | | | | | |
| b | IMPORTANT: Mark this box if name or address has changed | 🔟 | | | | | | |
| | City State Zip Code County Abbreviation | | | | | | | |
| am | Mark this box if this is an | | | | | | | |
| 2 | amended claim | | | | | | | |
| | YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2008 | | | | | | | |
| ons | Answer ONLY the questions that apply to you: | R | | | | | | |
| cati | 1. Age 55 or over for the entire year. Enter date of birth. (Must be prior to 1953.) | | | | | | | |
| alifi | 2. Disabled or blind for the entire year. Enter date disability began. See instructions on page 20 | | | | | | | |
| Quê | 3. 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 2008.) | | | | | | | |
| | ENTER THE TOTAL RECEIVED IN 2008 FOR EACH TYPE OF INCOME. See instructions, page 20. | | | | | | | |
| | 4. 2008 Wages OR Kansas Adjusted Gross Income \$ plus Federal Earned Income Credit \$ Enter the total | 00 | | | | | | |
| e | 5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating | | | | | | | |
| Non More | losses and capital losses. | 00 | | | | | | |
| Ĭ | 6. Total Social Security and SSI benefits, including Medicare deductions, received in 2008 (do not include disability payments from Social Security or SSI) \$ Enter 50% of this total | 00 | | | | | | |
| | 7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement) | | | | | | | |
| seh | | | | | | | | |
| Hou | 8. TAF payments, general assistance, worker's compensation, grants and scholarships | | | | | | | |
| | 9. All other income, including the income of others who resided with you at any time during 2008 | | | | | | | |
| | 10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$29,700, you do not qualify for a refund) | 00 | | | | | | |
| | | _ | | | | | | |
| | 11. OWNER - 2008 general property taxes (See instructions, page 21) Mark this box if you have delinquent property tax. | 00 | | | | | | |
| | 12. RENTER - Enter total of line 5 amounts from RNT Schedule(s). ENCLOSE all RNT Schedules | | | | | | | |
| nnd | 13. Total. Add lines 11 and 12, but do not enter more than \$700 | | | | | | | |
| | | % | | | | | | |
| Re | 14. Using your total household income on line 10 and the table on page 6, enter your refund percentage. | _ | | | | | | |
| | 15. Homestead refund (Multiply line 13 by percentage on line 14) | | | | | | | |
| | | | | | | | | |
| | Mark this box if you wish to participate in the Refund Advancement Program (see instructions, page 24) | | | | | | | |
| 0 | I authorize the Director of Taxation or the Director's designee to discuss my K-40H and enclosures with my preparer. | | | | | | | |
| tur | I declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct and complete claim. | | | | | | | |
| gna | | | | | | | | |
| S | Claimant's signature Date Signature of preparer other than claimant Preparer's phone n | umber | | | | | | |
| | | | | | | | | |

IMPORTANT: Please allow 10 to 12 weeks to process your refund. Renters should allow 20 weeks so the rent can be verified with your landlord.

PLEASE COMPLETE THE BACK OF THIS FORM



| Providing this information should speed the processing of you | r claim. Income reported here should not be included on line 10 of this for | rm. |
|--|---|-----|
| Enter in the spaces provided the annual amount of all other incom | ne 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 |
| (e) Personal and Student Loans \$ | 00 (f) SSI, Social Security, Veterans or Railroad Disability \$ (enclose documentation) | 0 |
| (g) Other (See instructions on page 21): Source | Amount \$ |)0 |
| | | |
| 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 2008? Yes No | | |
| If the property was owned by someone other than you or you and your s | 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 I | ousiness in 2008? % (See instructions on page 22) | |

Complete the information below for ALL persons (including yourself) who resided in your household **at any time** during 2008. 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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MAIL TO: Homestead Claim, Kansas Department of Revenue, 915 SW Harrison Street, Topeka KS 66699-2000

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