

2009 KANSAS HOMESTEAD CLAIM

LE FILE THIS CLAIM AFTER DECEMBER 31, 2009, BUT NO LATER THAN APRIL 15, 2010

	Claimant's Social Security Number			First four letters of Claimant's last name. Telephon Use ALL CAPITAL letters. Number							
dress	First Name of Claimant	Initial	Last Nam	ne				Mark this box if claimant is deceased (See instructions) Date of Death / /			
and Ad	Home Address (number and street or rural route)							IMPORTANT: Mark this box if name or address has changed			
Ð	City	ty State Zip Code County Abbreviation				County Abbreviation					
Nam									ox if this is a laim		
	YOU MUST HAVE BEEN A <i>RESIDENT OF KANSAS</i> THE <i>ENTIRE YEAR</i> OF 2009 MONTH DAY YEAR							YEAR			
	Answer ONLY the questions that apply to you:										
ns	1. Age 55 or over for the entire year? Enter date of birth (must be prior to 1954)										

- 2. Disabled or blind for the entire year? Enter the date disability began. See instructions.....
- ENCLOSE Social Security Benefit Verification Statement or Schedule DIS
- 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 2009) . .
 - 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 2009 FOR EACH TYPE OF INCOME. See instructions.

4. 2009 Wages OR Kansas Adjusted Gross Income \$ \$ Enter the total	plus Federal Earned Income Credit	00
5. All taxable income other than wages and pensions not included in losses and capital losses.		00
 Total Social Security and SSI benefits, including Medicare deduc disability payments from Social Security or SSI) \$ 	ctions, received in 2009 (do not include Enter 50% of this total	00
 Railroad Retirement benefits and all other pensions, annuities, a disability payments from Veterans and Railroad Retirement) 		00
8. TAF payments, general assistance, worker's compensation, gran	nts and scholarships	00
9. All other income, including the income of others who resided with	n you at any time during 2009	00
10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more t	han \$31,300, you do not qualify for a refund)	00
11. OWNER - 2009 general property taxes (See instructions)	Mark this box if you have delinquent property tax.	00
12. RENTER - Enter total of line 5 amounts from RNT Schedule(s).		00
13. Total. Add lines 11 and 12, but do not enter more than \$700		00
14. Using your total household income on line 10 and the Refund Pe	ercentage Table, enter your refund percentage	%
 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 t 	he ELG amount applied to the first half of your 2009 property tax.	00

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Mark this box if you wish to participate in the Refund Advancement Program (see instructions)	
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ല	I authorize the Director of Taxation or the I	Director's designee	to discuss my K-40H and enclosures with my prep	arer.
natu	I declare under the penalties of perjury that t	o the best of my k	knowledge and belief, this is a true, correct ar	id complete claim.
Ð				
ע	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



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\$ (c) Child Support\$ (e) Personal and Student Loans\$ 	00 (b) Nongovernmental Gifts 00 (d) Settlements (lump sum) (f) SSI, Social Security, Veterans or Railroad Disability	\$ 00\$						
(g) Other (See instructions) Source _	Amour	ıt \$						
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 2009? 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?								
What portion, if any, of the homestead property was rented or used for business in 2009?% (See instructions)								

Complete the information below for ALL persons (including yourself) who resided in your household **at any time** during 2009. 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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