



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:

<p>(a) Food Stamps..... \$ <input style="width: 80px;" type="text"/> 00</p> <p>(c) Child Support..... \$ <input style="width: 80px;" type="text"/> 00</p> <p>(e) Personal and Student Loans..... \$ <input style="width: 80px;" type="text"/> 00</p> <p>(g) Other (See instructions) Source _____ Amount \$ <input style="width: 80px;" type="text"/></p>	(b)	<p>Nongovernmental Gifts \$ <input style="width: 80px;" type="text"/> 00</p> <p>(d) Settlements (lump sum) \$ <input style="width: 80px;" type="text"/> 00</p> <p>(f) SSI, Social Security, Veterans or Railroad Disability (enclose documentation)..... \$ <input style="width: 80px;" type="text"/> 00</p>
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Members of Household

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.

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

MAIL TO: Homestead Claim, Kansas Department of Revenue, PO Box 750260, Topeka KS 66699-0260