

2025KANSAS HOMESTEAD CLAIM





	Claimant's Social Security Number	claimant's	letters of s last name. APITAL letters.		Claimant's Telephone Number			
ess N	our First Name Initial				de	ark this box if clair eceased (See instr ate of Death (MMI	ructions)	
and	lailing Address (Number and Street, including Rural Ro		IMPORTANT: Mark this box if name or address has changed					
Nan						ark this box if this mended claim		
	TO QUALIFY YOU MUST HAVE BEEN A <u>RESIDENT OF KANSAS</u> THE <u>ENTIRE YEAR</u> OF 2025 AND <u>OWN YOUR HOME</u> . Answer ONLY the questions that apply to you: MMDDYYYY							
SUC	1. Age 55 or over for the entire year? Enter date	e of birth (mu	st be prior to 1970)				
catic	Disabled or blind for the entire year? Enter the disability began. See instructions	e date	ENCLOSE S Verification St	Social Security I	Benefit edule DIS			
	3. Dependent child who resided with you and w		-	-				
Que	Child's name Enter date of birth (must be prior to 2025) 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 2025, you DO Note: The content of the prior to 2025 in th						for 2025, you <u>DO NOT</u>	
	ENTER THE TOTAL RECEIVED IN 2025 FOR EACH TYPE OF INCOME. See instructions.							
	2025 Wages OR Kansas Adjusted Gross Incor Earned Income Credit \$ E	me (if negativ	ve, enter zero) \$ _		plus F	ederal	00	
	5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses							
D D	6. Total Social Security and SSI benefits, including Medicare deductions, received in 2025 (do not include disability payments from Social Security or SSI) \$ Enter 50% of this total							
eno	7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement)							
SIO	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 2025						00	
	10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$43,389 you do not qualify for a refund						00	
	11. Percent of the homestead property that was rer	nted or used	for business in 202	.5 (see instruct	tions)		%	
	12.2025 general property taxes, excluding specials more than \$350,000 does not qualify. See instru				lark this box elinquent pr	if you have operty tax.	00	
<u> </u>	13. Amount of property tax allowed. Enter amount 1	from line 12 c	or \$700, whichever	is less			00	
	14. Using your total household income on line 10 and the Refund Percentage Table, enter your refund per					ntage	%	
צ	15. HOMESTEAD REFUND (Multiply line 13 by percentage on line 14)					vour 2025 property ta	00 x.	
	Mark this box if you wish to participate in the Refund Advancement Program (see instructions)							
ature	I authorize the Director of Taxation or the Dir I declare under the penalties of perjury the						mplete claim.	
틸	Claimant's signature		Date		Signature	e of preparer other t	han claimant	
ĔĹ					and the second second second			



	Providing this information should speed the processing of your claim. Income reported here should not be included on line 10 of this form.						
me	Enter in the spaces provided the annual amount of a	all other income n	ot included as household income on line 1	0:			
Incol	(a) Food Stamps\$	00	(b) Nongovernmental Gifts	\$	00		
geo	(c) Child Support\$	00	(d) Settlements (lump sum)	\$	00		
Exclu	(e) Personal and Student Loans \$	00	(f) SSI, Social Security, Veterans or Railroad Disability (enclose documentation)	\$	00		
	(g) Other (See instructions) Source		Amount	\$	00		

Complete the information below for ALL persons (including yourself) who resided in your household **at any time** during 2025. 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
	100				
101/					
00 1/10					
	COL				
101					
PHO					
	LUS I				
as 1					
O'					