

## 2009 KANSAS PROPERTY TAX RELIEF CLAIM for Low Income Seniors

135309

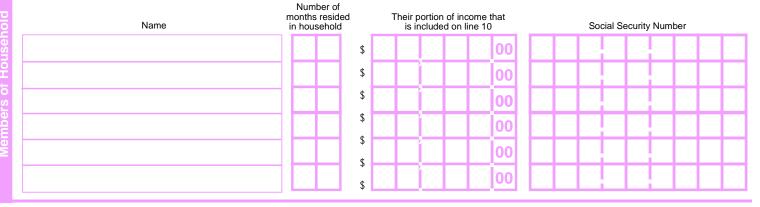
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	FILE THIS CLAIM	AFTER D	ECEMBER 3	1, 2009, BUT N	O LATER THAN A	PRIL 15, 201	0		
	Claimant's Social Security Number		First four letters claimant's last r Use ALL CAPITAL	name.	Claimant's Telephone Number				
Name and Address	First Name of Claimant Initial Last Name  Home Address (number and street or rural route)						Mark this box if claimant is deceased (See instructions)		
	City State Zip Code County Abbreviation								
Qualifications	To qualify for this property tax refund you must meet the household income limitation and you must have been:  1. A resident of Kansas during the entire year of 2009;  2. A home owner during 2009; and,  3. Age 65 or over for the entire year. Enter your date of birth (must be prior to 1944)								
Household Income	Enter the total received in 2009 for each type of income. See instructions on the back of this form.  4. 2009 Wages OR Kansas Adjusted Gross Income \$ plus Federal Earned Income Credit \$ Enter the total.								
Refund	11. General property taxes paid timely in 2009 (see instructions on the back of this form)								
Signature	I authorize the Director of Taxation or the Director's designee to discuss my K-40PT and any 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								
	IMPOR	RTANT: P	lease allow 20	to 24 weeks to	process your refund	i.			

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. 13. Enter in the spaces provided the annual amount of all other income not included as household income on line 10: 00 (b) Nongovernmental Gifts.....\$ 00 (a) Food Stamps . . . . . . . . . . . \$ 00 00 (d) Settlements (lump sum) . . . . . . \$ (c) Child Support . . . . . . . . . . . . . \$ (f) SSI, Social Security, Veterans 00 or Railroad Disability . . . . . . . . . \$ (e) Personal and Student Loans.. \$ (enclose documentation) 00 (g) Other (See instructions): Source Amount \$

14. List the names of **ALL persons who resided in your household at any time during 2009.** Specify the number of months they lived with you and report their portion of income **that is included in total household income** on line 10 of this form.



## **INSTRUCTIONS**