

2025 KANSAS PROPERTY TAX RELIEF CLAIM for Low Income Seniors



FILE THIS CLAIM AFTER DECEMBER 31, 2025, BUT NO LATER THAN APRIL 15, 2026

	Claimant's Social Security Number		First four letters o claimant's last na Use ALL CAPITAL le	me.		Claim Telep Numb	hone		
Idress	Your First Name	Initial Last Name						Mark this box if claimant is deceased (See instructions)	
Name and Ad	Mailing Address (Number and Street, including Rural Route) City, Town, or Post Office State Zip Code County Abbreviation							Mark this box if s has changed	
Qualifications	o qualify for this property tax refund you must meet the household income mitation and you must have been: 1. A resident of Kansas during the entire year of 2025; 2. A home owner during 2025; and, 3. Age 65 or over for the entire year. Enter your date of birth (must be prior to 1960)								
Honsehold Income	4. 2025 Wages OR Kansas Adjusted Gro Earned Income Credit \$	ss Income Enter nd pensions ., including ity or SSI). other pens nd Railroad orker's com	(if negative, enter the totals not included in Medicare deductions, annuities I Retirement)	n Line 4. luctions, ructions, rand ve	o not subtraction of the control of	act net operations (do not not not not not not not not not no	ating losses t include t include	00	
Refund	 11. General property taxes paid timely in not qualify. See instructions on the bac 12. PROPERTY TAX REFUND. Multiply the ar Important: If you filed Form ELG with first half of your 2025 property tax. 	k of this for	m.) ne 11 by 75% (.7	75). This	s the amour	nt of your ref	und	00	
	Mark this box if you wish to participate in the Refund Advancement Program (see instructions)								
ature	I authorize the Director of Taxation or the Director's designee to discuss my K-40PT and 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.								
Sign	Claimant's signature			Date Tax P	eparer's PTIN	Signa I, EIN or SSN:	ature of preparer othe	r than claimant	
	IMPOR	RTANT: Plea	ase allow 20 to	24 wee	s to proce	ess your ref	und.		



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:

(a) Food Stamps\$	00	(b) Nongovernmental Gifts	\$ 00
(c) Child Support\$	00	(d) Settlements (lump sum)	\$ 00
(e) Personal and Student Loans \$	00	(f) SSI, Social Security, Veterans or Railroad Disability (enclose documentation)	\$ 00
(g) Other (See instructions) Source		Amount	\$ 00

14. List the names of ALL persons who resided in your household at any time during 2025. 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.

Name	Number of months resided in household		Social Security Number	
	\$	00		
	\$	00		
	\$	00		
	\$	00		
	\$	00		
	\$	00		

FORM K-40PT LINE-BY-LINE INSTRUCTIONS

If you filed a Form K-40H or K-40SVR for 2025, you cannot claim this refund.

NAME AND ADDRESS

Use the instructions for Form K-40H on page 4 to complete the personal information at the top of Form K-40PT.

QUALIFICATIONS

Excluded Income

embers of Household

Lines 1 through 3: You must have been 65 years of age or older (born before January 1, 1960), a resident of Kansas all of 2025 and a home owner during 2025. If you meet these qualifications, enter your date of birth on line 3.

HOUSEHOLD INCOME

Enter on lines 4 through 8 the annual income amounts received by you and your spouse during 2025. Enter on line 9 the income of ALL other persons who lived with you at any time during 2025.

Lines 4 and 5: Use the instructions for lines 4 and 5 of Form K-40H that begin on page 4 to complete lines 4 and 5 of Form K-40PT.

Line 6: Enter the total Social Security and Supplemental Security Income (SSI) benefits received by you and your spouse. Include amounts deducted for Medicare, any Social Security death benefits, and any SSI payments not shown on the annual benefit statement. Do not include Social Security or SSI "disability" payments. (NOTE: Social Security disability or SSI payments become regular Social Security payments when a recipient reaches full retirement age. These Social Security disability payments, that were once Social Security disability or SSI payments, are NOT included in household income.) Enter the annual amount of any Social Security disability benefits and Social Security payments of a person who has reached full retirement age who had previously been receiving Social Security disability payments, in the Excluded Income section on the back of Form K-40PT and enclose a benefit statement or award letter with your claim.

If you do not have your statement of Social Security benefits, use the method given for line 6 of Form K-40H to compute your total received in 2025. Instructions are on page 4.

Lines 7 through 9: Use the instructions for lines 7 through 9 of Form K-40H on page 5 to complete these lines on Form K-40PT.

Line 10: Add lines 4 through 9 and enter total. If the amount is negative, enter zero in the space provided. If more than \$25,380 you do not qualify for a homestead refund.

REFUND

Line 11: Enter the total 2025 general property tax you paid as shown on your real estate tax statement. Enter only timely paid tax amounts. For a list of items that you cannot include see the instructions for line 12 of Form K-40H on page 5.

If you are filing on behalf of a claimant who died during 2025, follow the instructions for deceased claimants on page 6.

Line 12: Multiply the amount on line 11 by 75% (.75). This is the amount of your property tax refund.

EXCLUDED INCOME

Line 13: To speed the processing of your refund, list in items (a) through (g) all other income that you did not include on line 10. For more information on what to include here, see Excluded Income on page 6.

Line 14: List all persons who resided in your household at any time during 2025. Complete all requested information for each person. If more space is needed, enclose a separate sheet.

SIGNATURE

You, as the claimant, MUST sign the claim. See the instructions for Signature on page 6.