



10. 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 Kansas Adjusted Gross Income **that is included in total household income** on line 6 of this form.

Members of Household

Name	Number of months resided in household	Their portion of Kansas Adjusted Gross income that is included on line 6	Social Security Number
		\$ 00	
		\$ 00	
		\$ 00	
		\$ 00	
		\$ 00	
		\$ 00	

FORM K-40SVR LINE-BY-LINE INSTRUCTIONS

If you filed a Form K-40H or K-40PT 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-40SVR.

QUALIFICATIONS

Line 1: Age 65 or over for the entire base year. Enter your date of birth (must be prior to 1959). "Base year" means the first year an individual is 1) age 65 or over and/or a disabled veteran for the entire year, 2) owns and occupies the homestead where the claimant is seeking a refund for the entire year, and 3) is a resident of Kansas for the entire year. The appraised value of the claimant's homestead for the base year cannot be more than \$350,000.

Line 2: A disabled veteran for the entire base year. Enter the date disability began. A disabled veteran means a person who is a resident of Kansas and who: (1) served in the active military, naval, air or space service including those groups and individuals under 38 C.F.R. § 3.7; and who was discharged or released therefrom under an honorable discharge or a general discharge under honorable conditions; (2) received a disability that was incurred or aggravated in the line of duty in the active military, naval, air or space service including those groups and individuals under 38 C.F.R. § 3.7; and (3) has a service-connected evaluation percentage equal to or greater than 50%, pursuant to 38 U.S.C. § 1101 et seq. or 10 U.S.C. § 1201 et seq.

Line 3: Check the box if you are the surviving spouse of a claimant who was either a disabled veteran or person 65 years of age or older for the entire year.

For the surviving spouse to qualify, the disabled veteran or person 65 years of age or older must have been receiving benefits under the SVR program (K.S.A. 79-4508a) at the time of their death. If you are claiming the benefit as a surviving spouse, list the deceased claimant's name, SSN, and date of death. If claiming the benefit as the surviving spouse of a disabled veteran, also complete Line 2 of this claim (date disability began).

Enclose with your K-40SVR a copy of the original veterans Disability Determination letter or letter from your regional V.A. that includes the disability date and the percentage of disability being 50% or greater.

HOUSEHOLD INCOME

Line 4: 2025 Kansas Adjusted Gross Income of the Claimant. Kansas adjusted gross income is calculated when completing a Kansas individual income tax return. If you as the claimant are not required to file a Kansas individual income tax return (Form K-40), it may be necessary for you to prepare a pro forma Kansas individual income tax return to determine your Kansas adjusted gross income. Instructions for determining Kansas adjusted gross income are provided in the Individual Income Tax Instruction Booklet.

Line 5: Kansas Adjusted Gross Income of others who resided with you at any time during 2025. Kansas adjusted gross income is calculated when completing a Kansas individual income tax return. If the household members are not required to file a Kansas individual income tax return (Form K-40), it may be necessary for all members of the household to prepare a pro forma

Kansas individual income tax return, regardless of whether they are required to file a Kansas income tax return to determine Kansas adjusted gross income. Instructions for determining Kansas adjusted gross income are provided in the Individual Income Tax Instruction Booklet. This calculation of Kansas adjusted gross income for each household member should only include the Kansas adjusted gross income they received during the months they lived with you in the household.

Line 6 TOTAL HOUSEHOLD INCOME: Add lines 4 and 5 and enter total. If the amount is negative, enter zero in the space provided. If line 6 is more than \$58,041 you do not qualify for this property tax relief.

REFUND

Line 7: Enter the total 2025 general property tax you have paid or will pay, as shown on your real estate tax statement. Do not include special assessments taxes, such as those levied for streets, sewers, or utilities; charges for services, such as sewer services, interest or late charges; or taxes on agricultural commercial land. NOTE: the 2025 property tax is payable in two installments - the first is due December 20, 2025 and the second is due May 10, 2026. Enter the total of both installments (whether paid or not) on line 7.

If you have delinquent property tax, mark the box on line 7. Your entire homestead refund will be sent to your county treasurer to pay the delinquent property tax.

Line 8: Enter the amount of general property taxes paid by you in the base year. "Base year" means the first year an individual is 1) age 65 or over and/or a disabled veteran for the entire year, 2) owns and occupies the homestead where the claimant is seeking a refund for the entire year, and 3) is a resident of Kansas for the entire year. The appraised value of the claimant's homestead for the base year cannot be more than \$350,000. For an individual who would otherwise be an eligible claimant prior to 2021, such base year shall be deemed to be 2021 for the purposes of this property tax relief claim.

Line 9: PROPERTY TAX REFUND. Subtract line 8c from line 7. This is your property tax refund. If you are filing on behalf of a claimant who died during 2025, please see instructions on page 6. (A surviving spouse claim will not be prorated.)

Line 10: List 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 Kansas Adjusted Gross Income that is included in total household income on line 6 of this form. 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.