TEST 2008 KANSAS PROPERTY TAX RELIEF CLAIM for Low Income Seniors

K-40PT

(Rev. 6/08)

	FILE THIS CLAI	M AFTER DEC	EMBER 31,	2008, BUT NC	D LATER THAN AF	PRIL 15, 2	2009					
Claimant's Social Security Number		cla	rst four letters aimant's last n e ALL CAPITAL I	ame.	Claimant's Telephone Number				П			
First Name of Cla	First Name of Claimant Initial Last Name						Mark this box if claimant is deceased (See instructions)					
Home Address (n	umber and street or rural ro	ute)				IMPOR ⁻	TANT: Mar address	ark this k	oox if			
City			State	Zip Code	County Abbreviation		s box if th d claim .					
limitation an	r this property tax re d you must have be of Kansas during the	en:		household inc	ome	for 200	lf you fi 8, you D operty ta	O NOT	qualify	40H / for		
2	vner during 2008; and,	-	00,			MONTH	DAY		YEAR	1		
5	over for the entire year		e of birth (m	ust be prior to 1	943)							
 2008 Wage \$	al received in 2008 f s OR Kansas Adjusted 	I Gross Income es and pensions efits, including M ecurity or SSI) all other pension and Railroad Re e, worker's comp ome of others wh	not include edicare ded s, annuities triement). ensation, gr	d in Line 4. Do n uctions, receive , and veterans b ants and schola	ederal Earned Incom not subtract net open d in 2008 (do not inclu- enefits (do not inclu- rships	ne Credit rating clude de				00 00 00 00 00 00		
12. PROPERTY I Important:	perty taxes paid timel AX REFUND. Multiply the If you filed Form ELG w	amount on line 1 ith your county, yo	1 by 45% (.4	5). This is the ar	nount of your refund.					00		
	2008 property tax. See p x if you wish to parti	-	omestead	Refund Advan	cement Program ((see inst	ructions	, page	20)			
	e the Director of Taxation or the penalties of perj		-	-			nd compl	ete clai	m.			
CI	aimant's signature		Date	Signature of p	preparer other than o	claimant	Prepa	rer's ph	one nur	mber		
	IM		o allow 10 t	o 12 weeks to n	rocess your refund							

PLEASE COMPLETE THE BACK OF THIS FORM

	Providing this information should speed the proces	ssing of your cla	im. Income reported here should not be inc	cluded on line 8 of this form.
me	13. Enter in the spaces provided the annual amount o	of all other incom	ne not included as household income on line	∋ 8:
lnco	(a) Food Stamps \$	00	(b) Nongovernmental Gifts\$	00
ded	(c) Child Support \$	00	(d) Settlements (lump sum) \$	00
xclu	(e) Personal and Student Loans \$	00	 (f) SSI, Social Security, Veterans or Railroad Disability \$ (enclose documentation) 	00
	(g) Other (See instructions on page 17): Source		Amount \$	00

14. List the names of **ALL persons who resided in your household at any time during 2008.** 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.

סוס	Name	Number of months resided in household	sided Their portion of income that			Social Security Number				
use		9	6		00					
£ ↓		9	6	Í	00					
o si		9			00					
ğ					00					
Me				Í	00					
					00					

INSTRUCTIONS