

K-40H
(Rev. 6/12)

2012

KANSAS
HOMESTEAD CLAIM

000

135012



TESTTIBERIUS J TESTSAMPLEPERSON
1234 TESTJEFFERSON STREET
TESTTOPEKA KS 66612-1234

TEST
SN

234007891
7855551212

Claimant died during 2012 --- Date of death 05152012 Name or address has changed? Filing an amended claim

1. Age 55 or over for the entire year. Enter date of birth	01151957	7. Railroad Retirement benefits & all other pensions, annuities, & veterans benefits (do not include disability payments from Veterans and Railroad Retirement)	56789
2. Disabled or blind for the entire year. Enter date disability began.	04051957	8. TAF payments, general assistance, worker's compensation, grants and scholarships	34567
3. Enter date of birth of dependent Child's name _____	07251994	9. All other income, including income of others who resided with you at any time during 2012	21234
Check if filing as surviving spouse of a disabled veteran OR an active duty service member who died in the line of duty.	<input checked="" type="checkbox"/>	10. TOTAL HOUSEHOLD INCOME	30800
4a. 2012 Wages OR KAGI \$	87533	11. OWNER - 2012 general property taxes	4321
4b. Federal Earned Income Credit.	10000	Check if you have delinquent property taxes.	<input checked="" type="checkbox"/>
4c. Enter the total. Add lines 4a and 4b.	97533	12. RENTER	3212
5. All taxable income other than wages/pensions not included in Line 4. Do not subtract net operating/capital losses.	43212	13. Total	300
6. Total SS & SSI benefits incl. Medicare deductions, received in 2012 (do not include disability payments from SS or SSI). \$ _____ Enter 50% of this total.	32123	14. Enter your refund percentage	100
		15. Homestead refund	312

NOTE: If you filed Form K-40PT for 2012, you DO NOT qualify for this refund.

IMPORTANT: If you filed Form ELG with your county, your refund will be reduced by the ELG amount applied to the first half of your 2012 property tax.

Excluded Income - Providing the information should speed up the processing of your claim. Enter the annual amount of all other income **not** included as income on line 10.

(a) Food stamps	98765	(b) Nongovernmental Gifts	87654	(c) Child support	65432
(d) Settlements	95432	(e) Personal and Student Loans	76543	(f) SSI, Social Security, Veterans or Railroad Disability	98765
(g) Other: Source				Amount	18765

Owner Statement - Is the property listed above owned by someone other than you OR you and your spouse? No Yes If yes, did that person reside with you in 2012? No Yes
If the property was owned by someone other than you OR you and your spouse, did they pay any portion of the property tax? No Yes If yes, what amount of the total property tax due did they pay? 9876 What portion, if any, of the homestead property was rented or used for business in 2012? 0 %

Members of Household - Name, Date of birth (MMDDYYYY), Relationship, Months in home, Income included on lines 4-9 (Y OR N), SSN. Enclose additional sheets if needed.

TIBERIUS J SAMPLEPERSONTEST	00000000	XXXXXXXXXXXXXXXXXX	00	Y	000000000
MAREGOLD M SAMPLEPERSONTEST	00000000	XXXXXXXXXXXXXXXXXX	00	Y	000000000
JOSEPH J SAMPLEPERSONTEST	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000

Check this field if you wish to participate in the Refund Advancement Program.

I authorize the Director of Taxation or the Director's designee to discuss my K-40H and enclosure 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 return.

Claimant's
Signature _____ Date _____

IMPORTANT: Please allow 20 to 24 weeks to process your refund. Renters should allow 28 weeks so the rent can be verified with your landlord.

Preparer
Signature _____ Date _____

Preparer
Phone Number 1034650235



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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	000000000
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Claimant's Signature _____ Date _____

Preparer Signature _____ Date _____

Preparer Phone Number 1034650235

HOMESTEAD CLAIM
915 SW HARRISON ST
TOPEKA KS 66699-2000

F o r O f f i c e U s e O n l y