

## **2015**KANSAS HOMESTEAD CLAIM

134115

DO NOT STAPLE

FILE THIS CLAIM AFTER DECEMBER 31, 2015, BUT NO LATER THAN APRIL 15, 2016

	Claimant's Social Security Number		claimant	r letters of t's last nam CAPITAL lette			Claimant's Telephone Number		
lress	Your First Name	Initial	Last Name					Mark this box if claimant is deceased (See instructions	,
nd Add	Mailing Address (Number and Street, including Rural Route)						Date of Death IMPORTANT: Mark this box name or address has change	x if	
e al	City, Town, or Post Office State Zip Code County Abbreviation						viation		
Nam								Mark this box if this is an amended claim	
	TO QUALIFY YOU MUST HAVE BEEN A <u>RESIDENT OF KANSAS</u> THE <u>ENTIRE YEAR</u> OF 2015 AND <u>OWN YOUR HOME</u> .								
ions	Answer ONLY the questions that apply to you:  MONTH DAY YEAR								
	1. Age 55 or over for the entire year? Enter date of birth (must be prior to 1960)								
ca	Disabled or blind for the entire year? E disability began. See instructions	nter the	e date 	Ver	ification Statem	ent or Sched	dule DIS		
ualif	3. Dependent child who resided with you and was under 18 years of age for the entire year?  Child's name Enter date of birth (must be prior to 2015)								
ا	Mark this box if you are filing as surviving spouse of a disabled veteran OR of an active duty service member who died in the line of duty (see instructions for this qualification and for <b>required enclosures</b> ).								
	ENTER THE TOTAL RECEIVED IN 2015 FOR EACH TYPE OF INCOME. See instructions.								
Honsehold Income	4. 2015 Wages OR Kansas Adjusted Gross Income \$ plus Federal Earned Income Credit \$ Enter the total								00
	All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses								00
	6. Total Social Security and SSI benefits, including Medicare deductions, received in 2015 (do <b>not</b> include disability payments from Social Security or SSI) \$ Enter 50% of this total							00	
	7. Railroad Retirement benefits <b>and</b> all other pensions, annuities, and veterans benefits (do <b>not</b> include disability payments from Veterans and Railroad Retirement)							00	
	8. TAF payments, general assistance, worker's compensation, grants and scholarships								00
	9. All other income, including the income of others who resided with you at any time during 2015								00
	10. <b>TOTAL HOUSEHOLD INCOME</b> (Add lines 4 through 9. If line 10 is more than \$34,000, you do not qualify for a refund).								
	44. Descript of the horsestand assessment that we			f bi-	i= 2045 (		>		1 0/ 1
	11. Percent of the homestead property that was rented or used for business in 2015 (see instructions)								%
	more than \$350,000 does not qualify. Se		,					roperty tax.	00
func									00
Re	14. Using your total household income on line 10 and the Refund Percentage Table, enter your refund percentage							%	
	15. HOMESTEAD REFUND (Multiply line 13 by percentage on line 14)								00
	Mark this box if you wish to partic	ipate	in the F	Refund	Advancem	ent Progi	ram (se	e instructions)	
I authorize the Director of Taxation or the Director's designee to discuss my K-40H and enclosures with my preparer.									
nate	I declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct and complete claim.								
Sig	Claimant's signature		Date	9	Signature of	preparer oth	er than cla	imant Preparer's phor	ne number
	IMPORT	TANT: F	Please allo	w <b>20 to</b> 2	24 weeks to p	rocess you	ır refund		

	Providing this information should speed the processing of your claim. Income reported here should not be included on line 10 of this form.						
<b>1</b>	Enter in the spaces provided the annual amount of all other income not included as household income on line 10:						
9 9 1	(a) Food Stamps\$	00	(b) Nongovernmental Gifts \$	0	00		
5 6	(c) Child Support\$	00	(d) Settlements (lump sum) \$	0	00		
E X	(e) Personal and Student Loans \$	00	(f) SSI, Social Security, Veterans or Railroad Disability (enclose documentation)\$	0	)0		
1	(g) Other (See instructions) Source		Amount \$	0	)0		

Complete the information below for ALL persons (including yourself) who resided in your household **at any time** during 2015. Indicate the number of months they lived with you and whether or not their income is included on lines 4 through 9 of Form K-40H.

Name	Date of Birth	Relationship	of months resided in household	included on lines 4-9, Yes/No	Social Security Number