

2015 KANSAS PROPERTY TAX RELIEF CLAIM for Low Income Seniors



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

Claimant's Social Security Number, First four letters of claimant's last name, Claimant's Telephone Number

Name and Address

Your First Name, Initial, Last Name, Mailing Address, City, Town, or Post Office, State, Zip Code, County Abbreviation

Mark this box if claimant is deceased (See instructions).....

Date of Death

IMPORTANT: Mark this box if name or address has changed.....

Mark this box if this is an amended claim

Qualifications

To qualify for this property tax refund you must meet the household income limitation and you must have been:

- 1. A resident of Kansas during the entire year of 2015;
2. A home owner during 2015; and,
3. Age 65 or over for the entire year. Enter your date of birth (must be prior to 1950).....

NOTE: If you filed a Form K-40H for 2015, you DO NOT qualify for this property tax refund.

MONTH, DAY, YEAR input boxes

Household Income

ENTER THE TOTAL RECEIVED IN 2015 FOR EACH TYPE OF INCOME. See instructions.

Table with 10 rows for household income types (Wages, Social Security, etc.) and columns for amount and cents.

Refund

Table with 2 rows for refund amounts (General property taxes, PROPERTY TAX REFUND).

Mark this box if you wish to participate in the Refund Advancement Program (see instructions)

Signature

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.

Claimant's signature, Date, Signature of preparer other than claimant, Preparer's phone number

IMPORTANT: Please allow 20 to 24 weeks to process your refund.

COMPLETE THE BACK OF THIS FORM

Barcode area with empty boxes



Providing this information should speed the processing of your claim. Income reported here should not be included on line 10 of this form.

Excluded Income

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

Members of Household

14. List the names of **ALL persons who resided in your household at any time during 2015**. Specify the number of months they lived 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	Their portion of income that is included on line 10	Social Security Number
		\$ 00	
		\$ 00	
		\$ 00	
		\$ 00	
		\$ 00	
		\$ 00	

FORM K-40PT LINE-BY-LINE INSTRUCTIONS

If you filed a Form K-40H for 2015, 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

Lines 1 through 3: You must have been **65 years of age or older** (born before January 1, 1950), a **resident** of Kansas **all of 2015** and a **home owner during 2015**. If you meet these qualifications, enter your date of birth on line 3.

HOUSEHOLD INCOME

Enter on lines 4 through 10 the annual income amounts received by you and your spouse during 2015. Enter on line 9 the income of ALL other persons who lived with you at any time during 2015.

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 age 65. 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 age 65 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 2015. 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 the result. If line 10 is more than \$19,100, you **do not qualify** for a refund.

REFUND

Line 11: Enter the total 2015 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 2015, the property tax must be prorated based on the date of death. To determine the property tax amount to enter here, follow the instructions for deceased claimants on page 6.

Line 12: Multiply the amount on line 11 by 75 percent (.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 5.

Line 14: List all persons who resided in your household at any time during 2015. 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.