

KANSAS PROPERTY TAX RELIEF CLAIM for Low Income Seniors



FILE THIS CLAIM AFTER DECEMBER 31, 2017, BUT NO LATER THAN APRIL 15, 2018

Claimant's Social Security Number

Empty box for Social Security Number

First four letters of claimant's last name. Use ALL CAPITAL letters.

Empty box for last name initials

Claimant's Telephone Number

Empty box for telephone number

Name and Address section with fields for First Name, Initial, Last Name, Mailing Address, City, Town, or Post Office, State, Zip Code, and 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 2017;
2. A home owner during 2017; and,
3. Age 65 or over for the entire year. Enter your date of birth (must be prior to 1952).....

NOTE: If you filed a Form K-40H for 2017, you DO NOT qualify for this property tax refund.

MONTH DAY YEAR date entry box

Household Income

ENTER THE TOTAL RECEIVED IN 2017 FOR EACH TYPE OF INCOME. See instructions.

Table with 10 rows for household income types (Wages, Social Security, etc.) and a column for amounts in dollars.

Refund

- 11. General property taxes paid timely in 2017, excluding specials.
12. PROPERTY TAX REFUND. Multiply the amount on line 11 by 75% (.75). This is the amount of your 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.

Signature lines for Claimant's signature, Date, Signature of preparer other than claimant, and 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 for tracking.



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 2017. 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.

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 2017, 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, 1952), a resident of Kansas all of 2017 and a home owner during 2017. 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 2017. Enter on line 9 the income of ALL other persons who lived with you at any time during 2017.

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 2017. 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 \$19,500, you do not qualify for a refund.

REFUND

Line 11: Enter the total 2017 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 2017, 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% (.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 2017. 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.