

DO NOT STAPLE

2022
KANSAS HOMESTEAD CLAIM

134122

L

FILE THIS CLAIM AFTER DECEMBER 31, 2022, BUT NO LATER THAN APRIL 18, 2023

Claimant's
Social Security
NumberFirst four letters of
claimant's last name.
Use ALL CAPITAL letters.Claimant's
Telephone
Number

Name and Address

Your First Name

Initial

Last Name

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

Date of Death

IMPORTANT: Mark this box if
name or address has changed

Mailing Address (Number and Street, including Rural Route)

City, Town, or Post Office

State

Zip Code

County Abbreviation

Mark this box if this is an
amended claim

Qualifications

TO QUALIFY YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2022 AND OWN YOUR HOME.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 1967)

2. Disabled or blind for the entire year? Enter the date
disability began. See instructionsENCLOSE Social Security Benefit
Verification Statement or Schedule DIS3. 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 2022)☐ 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 **required enclosures**).NOTE: If you filed a Form K-40PT
or K-40SVR for 2022, you **DO NOT**
qualify for this property tax refund.

Household Income

ENTER THE TOTAL RECEIVED IN 2022 FOR EACH TYPE OF INCOME. See instructions.

4. 2022 Wages OR Kansas Adjusted Gross Income (if negative, enter zero) \$ plus Federal
Earned Income Credit \$ Enter the total 00
5. 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 2022 (do **not** include disability
payments from Social Security or SSI) \$ Enter 50% of this total 00
7. Railroad Retirement benefits **and** all other pensions, annuities, and veterans benefits (do **not** 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 2022 00
10. **TOTAL HOUSEHOLD INCOME** (Add lines 4 through 9. If line 10 is more than \$37,750 you do not qualify for a
refund) 00

Refund

11. Percent of the homestead property that was rented or used for business in 2022 (see instructions) %
12. 2022 general property taxes, excluding specials. (Tax on property valued at
more than \$350,000 does not qualify. See instructions.) ☐ Mark this box if you have
delinquent property tax. 00
13. Amount of property tax allowed. Enter amount from line 12 **or** \$700, whichever is less 00
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

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 2022 property tax.

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-40H 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

Tax Preparer's PTIN, EIN or SSN

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

COMPLETE THE BACK OF THIS FORM

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					\$		00

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

[illegible]

7

7