

2024 KANSAS PROPERTY TAX RELIEF CLAIM for Low Income Seniors



FILE THIS CLAIM AFTER DECEMBER 31, 2024, BUT NO LATER THAN APRIL 15, 2025

Claimant's Social Security Number

[Empty box for Social Security Number]

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

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.

Checkboxes for deceased status, date of death, address change, and amended claim.

Qualifications section: To qualify for this property tax refund you must meet the household income limitation and you must have been: 1. A resident of Kansas... 2. A home owner... 3. Age 65 or over...

NOTE: If you filed a Form K-40H or K-40SVR for 2024, you DO NOT qualify for this property tax refund.

MONTH DAY YEAR date entry box

Household Income table with 10 rows for various income types and a total row, with columns for description and amount.

Refund section: 11. General property taxes paid timely in 2024... 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)

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 section with lines for Claimant's signature, Date, Signature of preparer other than claimant, and Tax Preparer's PTIN, EIN or SSN.

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

COMPLETE THE BACK OF THIS FORM

[Empty boxes for back of form completion]





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 2024**. 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 or K-40SVR for 2024, 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, 1959), a **resident** of Kansas **all of 2024** and a **home owner during 2024**. If you meet these qualifications, enter your date of birth on line 3.

HOUSEHOLD INCOME

Enter on lines 4 through 8 the annual income amounts received by you and your spouse during 2024. Enter on line 9 the income of ALL other persons who lived with you at any time during 2024.

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 full retirement age. 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 full retirement age 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 2024. 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 total. If the amount is negative, enter zero in the space provided. If more than \$24,500 you do not qualify for a homestead refund.

REFUND

Line 11: Enter the total 2024 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 2024, 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 6.

Line 14: List all persons who resided in your household at any time during 2024. 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.