



TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX
1234 TESTJEFFERSON STREETXXXXXXXXXXXX
TESTINOF TTTOOPPEEKAA KS 66612-1234

TEST
SN

234007891
7855551212

X Claimant died during 2024 - Date of death 05152024 X Name or address has changed? X Filing an amended claim

Table with 4 columns: Question/Description, Answer, Question/Description, Answer. Includes items like 'Age 55 or over for the entire year', 'Total SS & SSI benefits incl.', 'Railroad Retirement benefits', 'TAF payments', 'Total Household Income', etc.

YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2024 AND OWN YOUR HOME

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

Table for Excluded Income. Columns: (a) Food stamps, (b) Nongovernmental Gifts, (c) Child support, (d) Settlements, (e) Personal and Student Loans, (f) SSI, Social Security, Veterans or Railroad Disability, (g) Other: Source. Total amount: 18765.

Table for Members of Household. Columns: Name, Date of birth, Relationship, Months in home, Income included, SSN. Lists JOSEPH G SAMPLJAFOWOFJAKEPETEST, TIBERIUS H SAJKLAFJAJMPLEPETEST, MAREGOLD I SAMLOPIOPSPFLEPETEST, and multiple XXXXXXXXXXXXXXXXXXXX entries.

Check this field if you wish to participate in the Refund Advancement Program. X

X I authorize the Director of Taxation or the Director's designee to discuss my K-40H and enclosure 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 return.

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

Claimant's Signature (Required) _____ Date _____

Preparer Signature (Required) _____ Preparer Phone Number _____ Preparer PTIN, EIN or SSN P03465080

K-40H 2024 KANSAS HOMESTEAD CLAIM

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K-40H
Page 1
135024



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Claimant died during 2024 - Date of death 05152024 Name or address has changed? Filing an amended claim

1. Age 55 or over for the entire year. Enter date of birth	01151969	8. TAF payments, general assistance, worker's compensation, grants and scholarships	43212
2. Disabled or blind for the entire year. Enter date disability began	04051964	9. All other income, including income of others who resided with you at any time during 2024	32123
3. Dependent child who resided with you and was under 18 for the entire year. Enter date of birth of dependent. Enter Child's name	07252005	10. TOTAL HOUSEHOLD INCOME (If amount is a negative, enter zero, if more than \$42,600 you do not qualify.)	56789
Check if filing as surviving spouse of a disabled veteran OR an active duty service member who died in the line of duty. (see instructions)	<input checked="" type="checkbox"/>	11. Percent of the homestead property that was rented or used for business in 2024	100
4a. 2024 Wages OR KAGI (If amount is a negative, enter zero)	87533	12. 2024 general property taxes, excluding specials (tax on property valued more than \$350,000, does not qualify)	3123
4b. Federal Earned Income Credit (If amount is a negative, enter zero)	10000	Check if you have delinquent property taxes	<input checked="" type="checkbox"/>
4c. Add lines 4a and 4b and enter total here (If amount is a negative, enter zero)	97533	13. Amount of property tax allowed	212
5. All taxable income other than wages/pensions not included in Line 4. Do not subtract net operating/capital losses.	43212	14. Enter your refund percentage	100
6. Total SS & SSI benefits incl. Medicare deductions, received in 2024 (do not include disability payments from SS or SSI). \$ Enter 50% of this total.	32123	15. HOMESTEAD REFUND	789
7. Railroad Retirement benefits AND all other pensions, annuities, & veterans benefits (do not include disability payments from Veterans & Railroad Retirement)	56789		

YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2024 AND OWN YOUR HOME

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Excluded Income - Income reported here should not be included line 10 of this form. Enter the annual amount of all other income not included as household income on line 10.

(a) Food stamps	98765	(b) Nongovernmental Gifts	87654	(c) Child support	65432
(d) Settlements	95432	(e) Personal and Student Loans	76543	(f) SSI, Social Security, Veterans or Railroad Disability	98765
(g) Other: Source				Amount	18765

Members of Household - Name, Date of birth (MMDDYYYY), Relationship, Months in home, Income included on lines 4-9 (Y OR N), and SSN. Enclose additional sheets if needed.

JOSEPH G SAMPLJAFOWOFJAKEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	Y	0000000000
TIBERIUS H SAJKLAFJAJMPLEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	Y	0000000000
MAREGOLD I SAMLOPIOPSPFLEPETEST	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000	XXXXXXXXXXXXXXXXXX	00	N	0000000000

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Claimant's Signature (Required)	Date		
Preparer Signature (Required)	Preparer Phone Number	Preparer PTIN, EIN or SSN	P03465080

HOMESTEAD CLAIM
PO BOX 750260
TOPEKA KS 66699-0260

For Office Use Only