

2024  
KANSAS PROPERTY TAX RELIEF CLAIM  
for SENIORS and DISABLED VETERANS

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K-40SVR  
Page 1  
137024



TESTMELXXXXX A TESTWATERSXXXXXXXXXX TEST 234007890  
1234 TESTJEFFERSON STREETXXXXXXXXXX  
TESTINOFOTTOOPPEEKAAA KS 66612-1234 SN 7855551212

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

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

**Qualifications - To qualify for this property tax refund you must have been a resident of Kansas all of 2024 and owned and occupied the same homestead in both 2024 and the base year. Answer only the question(s) that apply to you.**

- 1. Age **65** or over for the entire base year? Enter your date of birth (must be prior to 1959). 01151957
- 2. Disabled veteran for the entire base year and claim year? Enter the date the disability began. 07151979  
**ENCLOSE** your Veterans Affairs Award Letter showing disability rating.
- 3.  Mark this box if you are filing as a surviving spouse of a disabled veteran or person 65 years of age or older who has previously received benefits from the SVR program at the time of their death and provide the deceased claimant's name, SSN, and date of death in the spaces provided. See instructions for this qualification and for the required enclosures.

Name of deceased claimant	SSN of deceased claimant	Date of death of deceased claimant
TESTMELXXXXX A TESTWATERSXXXXXXXXXX	234007890	05152022

- 4. 2024 Wages OR KAGI \$ 87533 plus Federal Earned Income Credit \$ 10000 . Enter the total. 60789  
(If amount(s) are a negative, enter zero.)
- 5. All taxable income other than wages and pensions not included in line 4. (Do not subtract net operating and capital losses.) 70212
- 6. Total Social Security and SSI benefits, including Medicare deductions, received in 2024 (do not include disability payments from Social Security or SSI). \$ 10000 , enter 50% of this total. 80123
- 7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits. (Do not include disability payments from Veterans and Railroad Retirement.) 90789
- 8. TAF payments, general assistance, worker's compensation, grants and scholarships. 10212
- 9. All other income, including income of others who resided with you at any time during 2024. 11123
- 10. **TOTAL HOUSEHOLD INCOME.** (Add lines 4 – 9. If line 10 is more than \$56,450, you do not qualify for a refund.) 12789
- 11. 2024 general property taxes (excluding specials). 1323  
Mark this box if you have delinquent property tax
- 12. (a) Record base year 2023  
(b) Homestead's appraised value in the base year 350000  
(c) General property taxes (excluding specials) paid for the base year 1489
- 13. **PROPERTY TAX REFUND.** (Subtract line 12c from line 11). 1523

**Check if you wish to participate in the Refund Advancement Program.**

I authorize the Director of Taxation or the Director's designee to discuss my K-40SVR 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 PTIN, EIN, or SSN (Required) P03465080  
Preparer Phone Number \_\_\_\_\_

For Office Use Only

K-40SVR

(Rev. 8-24)

2024

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KANSAS PROPERTY TAX RELIEF CLAIM for SENIORS and DISABLED VETERANS

K-40SVR Page 1 137024



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

Qualifications - To qualify for this property tax refund you must have been a resident of Kansas all of 2024 and owned and occupied the same homestead in both 2024 and the base year. Answer only the question(s) that apply to you.

1. Age 65 or over for the entire base year? Enter your date of birth (must be prior to 1959). 01151957
2. Disabled veteran for the entire base year and claim year? Enter the date the disability began. 07151979
ENCLOSE your Veterans Affairs Award Letter showing disability rating.

3. X Mark this box if you are filing as a surviving spouse of a disabled veteran or person 65 years of age or older who has previously received benefits from the SVR program at the time of their death and provide the deceased claimant's name, SSN, and date of death in the spaces provided. See instructions for this qualification and for the required enclosures.

Name of deceased claimant SSN of deceased claimant Date of death of deceased claimant
TESTMELXXXXX A TESTWATERSXXXXXXXXXX 234007890 05152022

4. 2024 Wages OR KAGI \$ 87533 plus Federal Earned Income Credit \$ 10000 . Enter the total. 60789
(If amount(s) are a negative, enter zero.)

5. All taxable income other than wages and pensions not included in line 4. (Do not subtract net operating and capital losses.) 70212

6. Total Social Security and SSI benefits, including Medicare deductions, received in 2024 (do not include disability payments from Social Security or SSI). \$ 10000 , enter 50% of this total. 80123

7. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits. (Do not include disability payments from Veterans and Railroad Retirement.) 90789

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10. TOTAL HOUSEHOLD INCOME. (Add lines 4 - 9. If line 10 is more than \$56,450, you do not qualify for a refund.) 12789

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13. PROPERTY TAX REFUND. (Subtract line 12c from line 11). 1523

Check 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-40SVR 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 (Required) P03465080

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K-40SVR  
Page 2  
137124



TESTMELXXXXX A TESTWATERSXXXXXXXXXXXX

TEST

234007890

Excluded Income:

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

14. Enter in the spaces provided the annual amount of all other income not included as household income on line 10:

(a) Food stamps	98714	(b) Nongovernmental Gifts	98717
(c) Child support	98715	(d) Settlements (lump sum)	98718
(e) Personal and Student Loans	98716	(f) SSI, Social Security, Veterans or Railroad Disability	98719
(g) Other: Source _____		Amount	98720

Members of Household:

15. 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 the total household income on line 10. Enclose additional sheets if needed and only after completing the 15 lines below.

Name	# of Months	Portion of income that is included on line 10	SSN
TESTTIBERIOUS J TESTERSAMPLEPERSONS	12	13212	123456781
MAREGOLD M TESTERSAMPLEPERSONS	12	23212	234567892
JOSEPH J TESTERSAMPLEPERSONS	12	33212	345678903
XX	00	00000	000000004
XX	00	00000	000000005
XX	00	00000	000000006
XX	00	00000	000000007
XX	00	00000	000000008
XX	00	00000	000000009
XX	00	00000	000000010
XX	00	00000	000000011
XX	00	00000	000000012
XX	00	00000	000000013
XX	00	00000	000000014
XX	00	00000	000000015



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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000004
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000005
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000006
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000007
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000008
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000009
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000010
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000011
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000012
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000013
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000014
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00	00000	000000015

HOMESTEAD CLAIM  
PO BOX 750260  
TOPEKA KS 66699-0260