

2003KANSAS HOMESTEAD CLAIM

134103

FILE THIS CLAIM AFTER DECEMBER 31, 2003, BUT NO LATER THAN APRIL 15, 2004

	Claimant's Social Secu Number	rity		П	П		claiman	ir letters of t's last name CAPITAL lette			Claimant Telephor Number						П	
Name and Address	,	of Claimant	and stree	et or rura	l route)	Initial	Last Name	State	Zip Cod	9	County Abbrevi	iation	Date of IMPOI name	sed (S f Death RTAN or add	T: Ma	imant is truction rk this that characters characters and the characters and the characters are characters are characters and the characters are	oox if	
		YOU	MUS	ST HA	VE B	BEEN	A RESI	DENT ()F KA	NSA	S THE EN	TIRE	YEA	R OI	F 200	03		
us	Answer	ONLY the	questic	ons tha	t apply	y to yo	u:					М	Month Day Year					
atio	1. Age 5	Age 55 or over for the entire year. Enter date of birth. (Must be prior to 1948.)												Ш				
allific	Disabled or blind for the entire year. Enter date disability began. See instructions on page 16								s				П	I	I			
O	Deper year.	ndent child Child's nar	who re ne	sided w	rith you	and wa	as under 1 Ent	8 years of er date of	f age for birth. (r the er Must be	ntire e prior to 2003	3.)	Ш			Ц	_	_
			E	NTER	THE						EACH TYP	E OF	INCO	ME.				
	SEE INSTRUCTIONS BEGINNING ON PAGE 15. 4. 2003 Wages OR Kansas Adjusted Gross Income plus Federal Earned Income Credit Enter Total												Τ	00				
ome	5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operati losses and capital losses													工	00			
d Inc	Social Security, SSI, and Railroad Retirement benefits including Medicare deductions. Do not include Social Security Disability benefits													,	+	00		
louk	7. All other pensions, annuities, and veterans benefits											-	₩	,	+	00		
Snc	8. TAF payments, general assistance, worker's compensation, grants and scholarships											┢	,	+	00			
Ĭ	9. All other income, including the income of others who resided with you at any time during 2003												,	+	00			
1	10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$25,000, you do not qualify for a refund)												00					
	11. OWNE	ER - 2003 g	jeneral	propert	y taxes	s (See	instruction	ıs, page 1	7)		ENCLOSE :	2003 PF		RTY			T	00
	12. RENTER - Enter total of line 5 amounts from RNT Schedule(s)									NT SCI	HEDUI	LE(S)			\top	00		
힐	13. Total. Add lines 11 and 12, but do not enter more than \$600													I	00			
© Y	14. Using your total household income on line 10 and the chart on page 6, enter your refund percentage)				\perp	%				
	15. Home Impor	stead refun	nd (Mult u filed F	tiply line form EL	13 by .G with	percen	ntage on lir ounty, you	ne 14)			by the ELG ar							00
nature		-						my know	ledge a	nd beli	ef, this is a tr	ue, cor	rect a	nd co	mplet	e claim	l.	
Sig		Cla	aimant'	's signa	ture				Da	te		Signa	ture of	fprepa	arer o	ther th	an clai	imant
	Mail to:	Kansas H Kansas D 915 SW H Topeka, H	epartn Harriso	nent of n Stree	Rever	nue						allow 10 nd. If you nal 6 to	u are a 8 wee	a rente	r, you your re	should ent can	allow	an

Income	Providing the information in this section may speed up the processing of your claim. (This income should not be included on line 10, page 1.) Enter, in the spaces provided, the annual amount of all other income not included as household income on page 1, line 10.										
	Food Stamps	\$	Personal and Student Loans	\$	Settlements (lump sum)	\$					
cluded	Child Support	\$	Nongovernmental Gifts	\$	Social Security Disability (Enclose Documentation)	\$					
Ä	Other (See inst	tructions on page 17)	Source	Amo	punt						
r Statements	I, resided at during 2003 and have paid or will pay 100% of the taxes. There are no delinquent taxes due.										
	If the property listed above was owned by someone other than you or you and your spouse, did that person reside with you in 2003, and/or pay part of the taxes? Yes No Explain:										
Owne	What, if any, portion of the homestead property was rented or used for business in 2003?% (See instructions on page 18.)										

Complete the information below for ALL persons (including yourself) who resided in your household **at any time** during 2003. Indicate the number of months they lived with you and whether or not their income is included on lines 4 through 9 of Form K-40H.

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