

2005 KANSAS HOMESTEAD CLAIM

FILE THIS CLAIM AFTER DECEMBER 31, 2005, BUT NO LATER THAN APRIL 15, 2006

Claimant's Social Security Number [] [] [] [] [] [] [] [] [] []

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

Claimant's Telephone Number [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Name and Address

First Name of Claimant, Initial, Last Name, Home Address (number and street or rural route), City, State, Zip Code, County Abbreviation

Mark this box if claimant is deceased (See instructions) [] Date of Death ____/____/____

IMPORTANT: Mark this box if name or address has changed . . . []

Mark this box if this is an amended claim []

YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2005

Qualifications

- Answer ONLY the questions that apply to you: 1. Age 55 or over for the entire year. Enter date of birth. (Must be prior to 1950.) 2. Disabled or blind for the entire year. Enter date disability began. See instructions on page 16. 3. 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 2005.)

ENCLOSE Social Security Benefit Verification Statement or Schedule DIS

MONTH, DAY, YEAR grid for date entry

ENTER THE TOTAL RECEIVED IN 2005 FOR EACH TYPE OF INCOME. See instructions, page 16.

Household Income

- 4. 2005 Wages OR Kansas Adjusted Gross Income plus Federal Earned Income Credit Enter Total. 5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses. 6. Social Security, SSI, and Railroad Retirement benefits including Medicare deductions. Do not include Social Security Disability benefits. 7. All other pensions, annuities, and veterans benefits. 8. TAF payments, general assistance, worker's compensation, grants and scholarships. 9. All other income, including the income of others who resided with you at any time during 2005. 10. TOTAL HOUSEHOLD INCOME (Add lines 4 through 9. If line 10 is more than \$27,000, you do not qualify for a refund)

Grid for household income entries with 00 cents column

Refund

- 11. OWNER - 2005 general property taxes (See instructions, page 17). 12. RENTER - Enter total of line 5 amounts from RNT Schedule(s). 13. Total. Add lines 11 and 12, but do not enter more than \$600. 14. Using your total household income on line 10 and the chart on page 6, enter your refund percentage. 15. Homestead refund (Multiply line 13 by percentage on line 14) 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 2005 property tax. See page 19.

ENCLOSE 2005 PROPERTY TAX STATEMENT

ENCLOSE RNT SCHEDULE(S)

Grid for refund entries with 00 and % columns

Mark this box if you wish to participate in the Homestead Refund Advancement Program (see instructions, page 20) []

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, Preparer's phone number

Mail to: Kansas Homestead Claim Kansas Department of Revenue 915 SW Harrison Street Topeka, KS 66699-2000

IMPORTANT: Please allow 10 to 12 weeks processing time for your refund. Renters should allow 20 weeks so the rent can be verified with your landlord.

PLEASE COMPLETE REVERSE SIDE

[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []



Excluded 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 \$ <input style="width: 150px; height: 20px;" type="text"/>	Personal and Student Loans \$ <input style="width: 150px; height: 20px;" type="text"/>	Settlements (lump sum) \$ <input style="width: 150px; height: 20px;" type="text"/>
Child Support \$ <input style="width: 150px; height: 20px;" type="text"/>	Nongovernmental Gifts \$ <input style="width: 150px; height: 20px;" type="text"/>	SSI, Social Security, Veterans, or Railroad Disability (enclose documentation) \$ <input style="width: 150px; height: 20px;" type="text"/>

Other (See instructions on page 17)	Source	Amount
		\$ <input style="width: 100px;" type="text"/>

Owner Statements

I, _____ resided at _____ during 2005 and have paid or will pay 100% of the taxes. There are no delinquent taxes due. (property address description)

If the property listed above was owned by someone other than you or you and your spouse, did that person reside with you in 2005, and/or pay part of the taxes? Yes No Explain: _____

What, if any, portion of the homestead property was rented or used for business in 2005? _____% (See instructions on page 18.)

Members of Household

Complete the information below for ALL persons (including yourself) who resided in your household **at any time** during 2005. 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:	/ /				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																																																												
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