K-40H

(Rev. 7/07)

2007 KANSAS HOMESTEAD CLAIM

134107

FILE THIS CLAIM AFTER DECEMBER 31, 2007, BUT NO LATER THAN APRIL 15, 2008

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 . . . . . .

Qualifications

YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2007

Answer ONLY the questions that apply to you:

MONTH | DAY | YEAR

1. Age 55 or over for the entire year. Enter date of birth. (Must be prior to 1952.) . . . . . .
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 2007.)

ENCLOSE Social Security Benefit Verification Statement or Schedule DIS

Household Income

ENTER THE TOTAL RECEIVED IN 2007 FOR EACH TYPE OF INCOME. See instructions, page 16.

4. 2007 Wages OR Kansas Adjusted Gross Income $ _____ plus Federal Earned Income Credit $ _____. Enter the total. 00
5. All taxable income other than wages and pensions not included in Line 4. Do not subtract net operating losses and capital losses. 00
6. Total Social Security and SSI benefits received in 2007 (do not include disability payments from Social Security or SSI) $ _____. Enter 50% of this total 00
7. Railroad Retirement benefits, including Medicare deductions, **and** all other pensions, annuities, and veterans benefits (do not include disability payments from Veterans and Railroad Retirement) 00
8. TAF payments, general assistance, worker's compensation, grants and scholarships 00
9. All other income, including the income of others who resided with you at any time during 2007. 00
10. **TOTAL HOUSEHOLD INCOME** (Add lines 4 through 9. If line 10 is more than $29,100, you **do not qualify** for a refund) 00

Refund

11. OWNER - 2007 general property taxes (See instructions, page 17). 00

    Mark this box if you have delinquent property tax.
12. RENTER - Enter total of line 5 amounts from RNT Schedule(s). **ENCLOSE all RNT Schedules** 00
13. Total. Add lines 11 and 12, but do not enter more than $700. 00
14. Using your total household income on line 10 and the table on page 6, enter your refund percentage. . . . . %
15. Homestead refund (Multiply line 13 by percentage on line 14) 00

    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 2007 property tax. See page 19.

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	$	Personal and Student Loans	$	Settlements (lump sum)	$
Child Support	$	Nongovernmental Gifts	$	SSI, Social Security, Veterans, or Railroad Disability (enclose documentation)	$

Other (See instructions on page 17)	Source	Amount
		$

Owner Statements

I, _____ resided at _____ during 2007 and have paid or
(property address description)

will pay 100% of the taxes. If you have delinquent property taxes, mark the box on line 11, front of this form.

If the property listed above was owned by someone other than you or you and your spouse, did that person reside with you in 2007, and/or pay any part of the taxes? Yes ☐ No ☐ Explain:

What, if any, portion of the homestead property was rented or used for business in 2007? _____% (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 2007. 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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