K-40H

Rev. (6/00)

2000
KANSAS HOMESTEAD CLAIM

133000

FILE THIS CLAIM AFTER DECEMBER 31, 2000, BUT NO LATER THAN APRIL 16, 2001

Name and Address

Social Security number of claimant

First four letters of claimant's last name, use ALL CAPITAL letters

Telephone number of claimant

First Name and Initial of Claimant

Last Name

Check this box if claimant is deceased (See instructions)
Date of Death _____/_____/_____

Home Address (number and street or rural route)

IMPORTANT: Check this box if name or address has changed

City

State

Zip Code

County Abbreviation

Check this box if this is an amended claim

Qualifications

YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2000

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 1945).			
2. Disabled or blind for the entire year. Enter date of disability. (See instructions on page 16) **ENCLOSE Social Security Statement or Schedule DIS**			
3. Youngest 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 2000)			

Household Income

ENTER YEARLY TOTALS ONLY. SEE INSTRUCTIONS BEGINNING ON PAGE 16

4.	2000 Wages/Kansas Adjusted Gross Income _____ plus Federal Earned Income Credit _____. Enter Total.	00
5.	All taxable income other than wages and pensions (Do not subtract net operating losses and capital losses)	00
6.	Social Security, SSI, and Railroad Retirement (Add back medicare deductions).	00
7.	All pensions, annuities, and veterans benefits.	00
8.	TAF payments, general assistance, worker's compensation, grants and scholarships.	00
9.	All other income (Also include income of others who resided with you in 2000)	00
10.	**TOTAL HOUSEHOLD INCOME** (Total of lines 4 through 9. If line 10 is more than $25,000, you do not qualify for a refund).	00

Refund

11.	OWNER - 2000 general property taxes (See instructions, page 17) **ENCLOSE 2000 PROPERTY TAX STATEMENT**	00
12.	RENTER - Enter total of line 5 amounts from RNT Schedule(s) . . . . . **ENCLOSE RNT SCHEDULE(S)**	00
13.	Total of lines 11 and 12 (Do not enter more than $600)	00
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). . . . . If you filed Form ELG with your county, your refund will be reduced by this amount. See page 19.	00

Signature

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 _____

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

Please allow 10 to 12 weeks processing time for your refund.
If you are a renter, you should allow an additional 6 to 8 weeks so your rent can be verified with your landlord.

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PLEASE COMPLETE REVERSE SIDE

FOR OFFICE USE ONLY

Exempt Income

OPTIONAL: Providing this information 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	$	Social Security for dependent(s)	$

Other (See instructions on page 17)	Source	Amount
		$

Owner Statements

I, _____ resided at _____ during 2000 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 2000, 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 2000? _____% (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 2000. Indicate the number of months they lived with you and whether 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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