

DO NOT STAPLE

2019 KANSAS HOMESTEAD CLAIM

134119



FILE THIS CLAIM AFTER DECEMBER 31, 2019, BUT NO LATER THAN APRIL 15, 2020

Claimant's Social Security Number

[Empty box for Social Security Number]

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

[Empty box for last name initials]

Claimant's Telephone Number

[Empty box for Telephone Number]

Name and Address

Name and Address form with fields for First Name, Initial, Last Name, Mailing Address, City, State, Zip Code, County Abbreviation

Checkboxes for deceased status, name/address change, and amended claim

Qualifications

TO QUALIFY YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2019 AND OWN YOUR HOME.

Answer ONLY the questions that apply to you:

Qualification questions 1-3 with date input fields and checkboxes

Household Income

ENTER THE TOTAL RECEIVED IN 2019 FOR EACH TYPE OF INCOME. See instructions.

Table with 10 rows for household income types and a column for amounts

Refund

Refund calculation questions 11-15 with percentage and dollar amount inputs

Mark this box if you wish to participate in the Refund Advancement Program

Signature

Signature section with checkboxes and signature/date/preparer fields

IMPORTANT: Please allow 20 to 24 weeks to process your refund.

COMPLETE THE BACK OF THIS FORM

[Empty boxes for back of form]



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

Excluded Income

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

(a) Food Stamps.....	\$	<input type="text"/>	00	(b) Nongovernmental Gifts	\$	<input type="text"/>	00
(c) Child Support.....	\$	<input type="text"/>	00	(d) Settlements (lump sum)	\$	<input type="text"/>	00
(e) Personal and Student Loans.....	\$	<input type="text"/>	00	(f) SSI, Social Security, Veterans or Railroad Disability (enclose documentation).....	\$	<input type="text"/>	00
(g) Other (See instructions) Source		<input type="text"/>		Amount	\$	<input type="text"/>	00

Complete the information below for ALL persons (including yourself) who resided in your household at any time during 2019. 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.

Members of Household

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

MAIL TO: Homestead Claim, Kansas Department of Revenue, PO Box 750260, Topeka KS 66699-0260