

DO NOT STAPLE

2018 KANSAS HOMESTEAD CLAIM

134118



FILE THIS CLAIM AFTER DECEMBER 31, 2018, BUT NO LATER THAN APRIL 15, 2019

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 claimant, name/address change, and amended claim

Qualifications

TO QUALIFY YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2018 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 2018 FOR EACH TYPE OF INCOME. See instructions.

Table with 10 rows for household income types and columns for amount and 00

Refund

Refund calculation questions 11-15 with percentage and dollar input fields

Mark this box if you wish to participate in the Refund Advancement Program (see instructions)

Signature

Signature declaration text: I authorize the Director of Taxation... I declare under the penalties of perjury...

Signature lines for claimant, date, preparer, and phone number

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

COMPLETE THE BACK OF THIS FORM

Barcode area with empty boxes



Excluded Income

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

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

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

Members of Household

Complete the information below for ALL persons (including yourself) who resided in your household **at any time** during 2018. 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