

<b>-40</b>		KANSAS HOMESTEAD CLAIM												134111						
NOT ST	APLE	FILE 1	HIS CL	_AIM /	AFTE	R DEC	EMBE	ER 31, 2	2011, BU	T N	O LA	TER T	HAN A	PRIL	15, 2	012				
Claimant's Social Seco Number	urity					С	laimant's	letters of s last nam APITAL lette			Tele		aimant's lephone imber							
First Name	of Claima	ınt			Initial	Las	t Name						- \	dec		(See	instr	uction	s)	
Home Add	lome Address (number and street or rural route)													Date of Death//  IMPORTANT: Mark this box if name or address has changed						
City State Zip Coo									Zip Code	ı	Coun	ty Abbre	viation	Mark this box if this is an amended claim						
	YOU MUST HAVE BEEN A RESIDENT OF KANSAS THE ENTIRE YEAR OF 2011 Answer ONLY the questions that apply to you:												M	ONTH	Di	ΑY		YEA	R	
1. Age s	Age 55 or over for the entire year? Enter date of birth (must be prior to 1956)												H	L				$\frac{1}{1}$		
disab 3. Depe	ility bega ndent ch	an. See ir iild who re	nstructio esided w	ons vith you	 u and \	 was ur	[ nder 18	Verifi years of	cation Stat of age for	emer the e	nt or So entire	chedule year?	DIS	F	H	L				$\pm$
Ma	rk this bo	x if you ar	e filing a	as survi	vina sr	ouse o	of a disa	abled ve	teran <i>OR</i>	of an	active	e duty s	ervice							
		OTAL F													IS.					
4. 2011 \$	Wages	OR Kansa En	as Adjus ter the to	ted Gr	ross In	come	\$		pl	us F	edera	l Earne	d Incon	ne Cre	edit					
losse	s and ca	ome othe pital losse	es																	0
disab 7. Railro	<ul> <li>Total Social Security and SSI benefits, including Medicare deductions, received in 2011 (do not including disability payments from Social Security or SSI) \$ Enter 50% of this total</li> <li>Railroad Retirement benefits and all other pensions, annuities, and veterans benefits (do not including the pensions).</li> </ul>												 de							
	disability payments from Veterans and Railroad Retirement)																			C
	9. All other income, including the income of others who resided with you at any time during 2011															+			+	0
10. TOTAL	HOUSEH	OLD INCOM	IE (Add li	ines 4 t	through	n 9. If li	ine 10 i	s more t	nan \$31,2	00, y	ou <b>do</b>	not qu	<b>alify</b> for	a refu	ınd)	_				0
11. OWN	ER - 201	1 genera	l propert	ty taxe	s (Se	e instr	uctions	s)					is box if ent prop							0
12. REN	12. RENTER - Enter total of line 5 amounts from RNT Schedule(s). <b>ENCLOSE all RNT Schedules</b> .																			0
13. Total. Add lines 11 and 12, but do not enter more than \$700										+	+	0								
14. Using	-								_			-		-	_			-	+	9
15. Homestead refund (Multiply line 13 by percentage on line 14)													 your 20	 11 prop	erty ta	 x.			0	
Mark th	is box	if you w	ish to	parti	icipat	e in t	the Re	efund	Advanc	eme	ent P	rogra	m (see	e ins	truct	ions	s)			L
		the Directo					_		•					•			plete	e claii	m.	
	Clair	nant's sig	nature				Date		Signature	of p	renar	er othe	r than o	claima	 int	Pren	arer	's nho	ne nu	ımbe

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