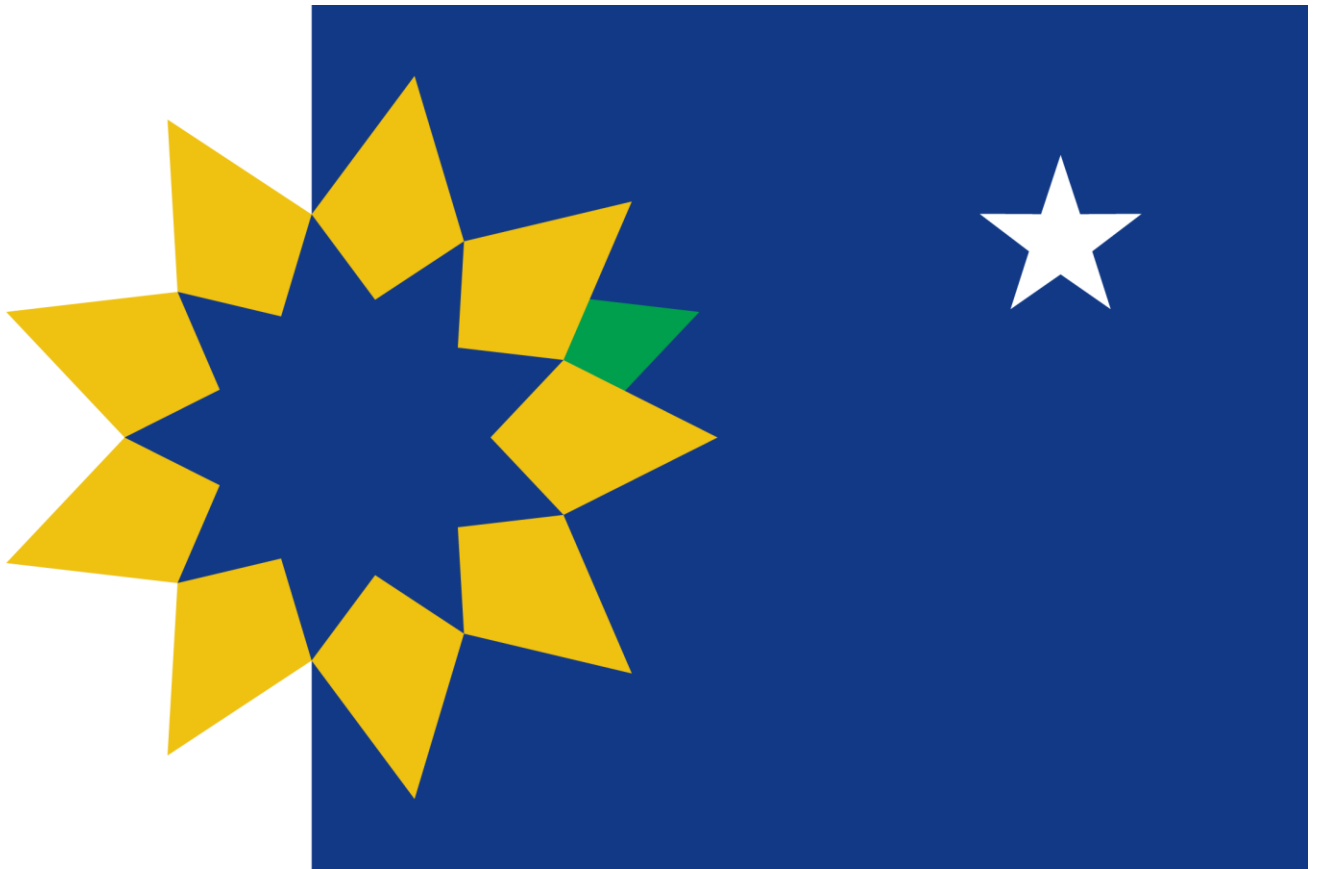


City of Topeka

2024 Property Tax Rebate Program



I. General Information

The City of Topeka Property Tax Rebate Program is based on the state of Kansas program that allows a rebate of a portion of the property taxes paid on a Kansas resident's homestead. A homestead is the house, mobile or manufactured home, or other dwelling subject to property tax that you own and occupy as a primary residence. Your rebate will come from and cannot exceed the property tax amount that was originally paid to the City of Topeka.

City property tax rebates are not available to renters. You must own and occupy your primary home within the Topeka city limits to qualify. All refunds will be distributed on a first come first serve basis until the City's allocated funds for the program are exhausted.

II. Qualifications

As an owner of your Topeka home, you are eligible if: 1) your total household income is \$37,750 or less, 2) are 65 years of age or older, 3) have owned and occupied your home for the past five years, and 4) do not have any unpaid property taxes.

Homeowners who rent out part of their homestead or use a portion of it for business may claim only the general property tax paid for the part in which they live.

A person owning a homestead with an appraised valuation for property tax purposes that exceeds \$350,000 does NOT qualify for a City of Topeka property tax rebate.

III. Definition of a Household and Income

A household is you, or you and your spouse who occupy a homestead, or you and one or more individuals not related through marriage who together occupy a homestead. Household income includes all taxable and nontaxable income received by all household members during 2024. If a household member lived with you only part of the year, you must include the income they received during the months they lived with you.

Household Income includes but is not limited to:

1. Taxable and nontaxable wages, salaries, and self-employment income.
2. Federal earned income tax credit (EITC).
3. Taxable and nontaxable interest and dividends.
4. Social Security and SSI benefits.
 - 25% of Social Security and SSI benefits (except disability payments – see Excluded Income).
5. Railroad Retirement benefits (except disability payments).
6. Welfare and Temporary Assistance to Family (TAF) payments.
7. Unemployment, worker's compensation and disability income.
8. Alimony received.
9. Business and farm income.
10. Gain from business or investment property sales and any long-term capital gains included in federal adjusted gross income.
11. Net rents and partnerships (cannot be a negative figure).
12. Foster home care payments, senior companion stipends, and foster grandparent payments.
13. School grants and scholarships (unless paid directly to the school).
14. Gambling winnings, jury duty payments, and other miscellaneous income.
15. ALL OTHER INCOME received in 2024 not specifically excluded (as follows).

III. Definition of a Household and Income (Continued)

Excluded Income

1. 75% of Social Security and SSI payments.
2. Social Security disability payments.
3. Social Security and SSI payments that were Social Security “disability or SSI disability” payments prior to a recipient reaching full retirement age. These Social Security payments, that were once Social Security disability (or SSI disability) payments, are NOT included in household income.
4. Veterans’ benefits and all other pensions and annuities.

Net operating losses and net capital losses cannot be used to reduce total household income. DO NOT subtract these losses from the income amounts.

IV. Rules and Instructions

If the person who has been the applicant for a household dies, another member of the household who qualifies as an applicant can file for the household. If a member of the decedent’s household (such as a surviving spouse) does NOT qualify to be the applicant, a claim can be filed on the applicant’s behalf.

You must enclose a copy of the death certificate, funeral home notice, or obituary statement with a decedent’s claim, AND one of the following:

1. If the estate is being probated, a copy of the Letters of Testamentary or letters of administration.
2. If the estate is not being probated, a completed Form RF-9, Decedent Refund Claim.

A decedent’s claim should be signed by the surviving spouse; executor or executrix; administrator; or other authorized person.

If an applicant is incapable of signing the claim, the applicant’s legal guardian, conservator, or attorney-in-fact may file the claim. When filing on behalf of an eligible applicant, a copy of your legal authority is required. This refund programs are designed to provide tax relief only to those that qualify. Fraudulent claims filed will be denied and may result in criminal prosecution.

1. Use blue or black ink.
2. Do not use dollar signs, lines, dashes, or other symbols. If a line does not apply to you, leave it blank.
3. All entries must be rounded. If less than \$.50 cents, round down. Round \$.50 to \$.99 to next higher dollar.
4. Send the original claim form. Do not send a photocopy.

When submitting a claim include your 2024 tax returns (all schedules), supporting income documents such as but not limited to W2’s and/or 1099’s.

If, after mailing your claim, you find there is an error, file an amended form and include a written explanation of the changes.

Mail or hand deliver your completed submissions to:

Community Resources Council
455 SE Golf Park Blvd
Topeka, KS 66605

To check on the status of your refund or if you have any questions regarding your submission please call 785-233-1365 or email tptax@crcnet.org. Please do not include any personal, private, or sensitive information in any emails.

2024

City of Topeka Tax Rebate Form

I. Instructions and Qualifications

To qualify for this City of Topeka property tax rebate, your total household income cannot exceed **\$37,750** in 2024. You must also:

1. Have been a Topeka, homeowning resident for at least five years.
2. Be 65 years of age or older.
3. Cannot have any unpaid property taxes.

II. Applicant Information

First Name	Middle Initial	Last Name
Street Address (Primary Residence)		Parcel ID
City	State	Zip Code
Phone	Email	
DOB	Month and Year of the Purchase of your Primary Residence	SSN
Is this an amended form?	Y / N	If yes, when was the original form submitted (MM/DD/YY)_____
Was a business run out of the residence in 2024?	Y / N	If yes, what months of the year (Number of months)_____

III. Household Income

Enter the household total received in 2024 under each type of income:

- | | |
|---|----------|
| 1. 2024 Wages OR Kansas Adjusted Gross Income (if negative, enter zero) plus Federal Earned Income Credit. Enter the total. | 1. _____ |
| 2. All taxable income other than wages and pensions not included in Line 1. Do not subtract net operating losses and capital losses. | 2. _____ |
| 3. Total Social Security and SSI benefits, including Medicare deductions, received in 2024 do not include <u>disability payments</u> from Social Security or SSI. | 3. _____ |
| 4. Railroad Retirement benefits and all other pensions, annuities, and veterans benefits do not include <u>disability payments</u> from Veterans and Railroad Retirement. | 4. _____ |
| 5. Welfare and TAF payments, general assistance, worker's compensation, grants and scholarships. | 5. _____ |
| 6. All other income, including the income of others who resided with you at any time during 2024. | 6. _____ |
| 7. TOTAL HOUSEHOLD INCOME (Add lines 1 through 6. If line 7 is more than \$37,750 you do not qualify for a refund). | 7. _____ |

IV. Excluded Income

Providing this information may expedite the processing of your claim. Income reported here should not be included on any line of this form.

- | | | | |
|-------------------------------|-------|--|-------|
| 1. Food Stamps | _____ | 5. Nongovernmental Gifts | _____ |
| 2. Child Support | _____ | 6. Settlements (lump sum) | _____ |
| 3. Personal and Student Loans | _____ | 7. Disability payments
from SSI, Social Security,
Veterans or Railroad | _____ |
| 4. Other | _____ | 8. Total of all items 1-7 | _____ |

V. Members of Household

List the names of **ALL** persons who resided in your household **at any time during 2024**. Specify the number of months they lived with you and report their portion of income **that was** included in the total household income on line 7 of this form.

Name	Number of months resided in household in 2024	Their portion of income that is included in line 7	Social Security Number

VI. 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.

X

Applicant's Signature

Date

VII. For Internal Use Only

☐

Approved

☐

Denied

Reason for denial _____

X

CRC Executive Director Signature

Date