CITY OF TOPEKA, KANSAS

UTILITY FRANCHISE FEE REFUND PROGRAM/ WATER AND WASTEWATER UTILITY RATE REFUND PROGRAM INSTRUCTIONS

For assistance with either of these two programs, please contact Jayhawk Area Agency on Aging @ 785-235-1367 or the City's Public Works Response Center @ 785-368-3111.

To qualify for either one of the City of Topeka programs, you must apply for **and receive** a Kansas Homestead Claim Refund for the prior year.

Additional requirements:

- For **Electric and Gas refunds (franchise fee)**, your personal residence must be within the City limits.

- For **Water/Wastewater (Sewer) (rate increase)** account holders, City and County residents are eligible **IF** you are a customer of the City of Topeka who receives water and/or wastewater utility services provided by the City of Topeka and the customer account is in the same name as the Kansas Homestead Claim applicant's name.

If your application does not include required documentation, your application will be returned **"incomplete"**.

If you meet all the requirements listed above, follow these steps to apply for your refund/credit:

- Obtain a combined *City of Topeka, Utility Franchise Fee Refund Program/Water and Wastewater Utility Rate Refund Program Application* form. This form is available at the following locations:
    - Jayhawk Area Agency on Aging, 2910 SW Topeka Boulevard telephone: 785-235-1367
    - Shawnee County Clerk's Office, 200 SE 7th Street, Room 107
    - Kansas Department of Revenue, Taxpayer Assistance, 915 SW Harrison, Room 150
    - Volunteer Income Tax Assistance, 915 SW Harrison, Room 158 (Available January - April Only)
    - Topeka & Shawnee County Public Library, 1515 SW 10th Avenue
    - City of Topeka, City Hall Lobby or Financial Services Department, 215 SE 7th Street, Room 358, telephone: 785-368-3970.
    - Download from the City of Topeka website at http://www.topeka.org
- Complete and sign the required forms.

- Attach the **required** supporting documentation to the completed application form:
    - Provide a signed copy (all pages) of your completed *Kansas Homestead Claim, Form K40-H* for the claim year.
    - Proof that you actually received a Kansas Homestead Claim refund. Acceptable proof is a copy of your refund check. **If you do not have a copy of your refund check,** please see Frequently Asked Questions. **If you are in the Advancement program (ELG) for your property tax payments or part of the debtor offset program** and have questions, please contact the City of Topeka Financial Services Department at 785-368-3970.
    - Completed and Signed release of information authorizations for electric and/or gas accounts and a completed and signed Authorization for Release of Customer Information for water and wastewater accounts. This will allow the City to obtain your payment information directly from the utilities. Please note obtaining this information from the electric and gas companies can take several weeks.

  NOTE: If you have moved during the claim year, you will need to provide alternative proof of payment for previous addresses for the electric and gas refund. Acceptable proof would be copies of your monthly utility bills **and** corresponding cancelled checks or bank statements showing electronic payments.

    - **Completed and signed IRS Form W-9.** This form is needed in order to issue payment. Make sure your current address is used for this form. Only the form is provided, if further instructions are needed in filling out the form, go to www.irs.gov/pub/irs-pdf/fw9.pdf or visit your local taxpayer assistance center near you.

- Bring or mail your completed application forms and all supporting documentation, **prior to 5:00 p.m. on September 5th** (If deadline falls on a weekend and/or holiday, the deadline is the following work day of the subsequent year (for example, applications for either program for 2009 must be received prior to 5:00 p.m. on September 7, 2010 to):

  Jayhawk Area Agency on Aging
  Utility Franchise Fee Refund Program/
  Water and Wastewater Utility Rate Refund Program
  2910 SW Topeka Blvd
  Topeka, Kansas 66611-2121

- Please see **Frequently Asked Questions** for additional information @ www.topeka.org.

Questions can be directed to:

Jayhawk Area Agency on Aging, 785-235-1367

OR City of Topeka Public Works Response Center, 785-368-3111

CITY OF TOPEKA, KANSAS

UTILITY FRANCHISE FEE REFUND PROGRAM/

WATER AND WASTEWATER UTILITY RATE

REFUND PROGRAM APPLICATION

CLAIM YEAR: 2009

Deadline to file for these Programs is September 5, 2010 (If deadline falls on a weekend and/or holiday, the deadline is the following work day of the subsequent year - for example, applications for either program for 2009 must be received prior to 5:00 p.m. on September 7, 2010).

This form is furnished for the Utility Franchise Fee Refund Program, and Water and Wastewater Utility Rate Refund Program pursuant to Topeka City Code 146-17 & 146-18 for ratepayers who are eligible for and actually receive a refund from the State of Kansas Homestead Claim, Form K40-H Tax Refund program.

Applicant's name ______________________________
**** (Same name as Homestead & W-9) ****

Applicant's residence ______________________________
**** (for claim year) **** Street City State Zip Code

Applicant's telephone: ______________ **Did you move during claim year?** ___YES (***If yes see next line***) ___NO

Previous address: ______________________________
**** (if you lived at more than one address during the claim year) **** Street City State Zip Code

By my signature below, I hereby affirm that I have paid the fees for which I am requesting a refund on electric and/or gas for my personal residence and a credit on water/wastewater (sewer) utilities for my residential property. I also understand that by signing this application, I agree to specifically hold the City of Topeka and its employees, officers and agents harmless from any and all claims and liability relating to these programs.

Applicant's signature ______________________________

For Office Use ONLY	*For Office Use ONLY*
Amount of Water/Wastewater Credit Claimed: $	**Amount of Electric/Gas Refund Claimed: $**

The following documentation must accompany this claim form:

1. A **completed and signed copy of** the applicant's ***Kansas Homestead Claim, Form K40-H*** for the Claim Year.

2. **Proof of receipt of a Kansas Homestead Claim payment.** A copy of the refund check will be accepted. If you are in the Advancement Program (ELG) or your refund has been taken due to the debtor offset program and have questions, please contact the City of Topeka, Financial Services Department at 785-368-3970.

3. **Signed release of information authorizations for electric and/or gas accounts** This will allow the City to obtain your franchise fee payment information directly from the electric and gas companies. Obtaining this information from the electric and gas companies can take several weeks.

4. **Signed Authorization for Release of Customer Information** must be completed and signed to be eligible to apply for the City of Topeka Water & Wastewater Utility Rate Refund Program.

5. **Completed and signed W-9.** In order to receive payment. (IRS requirement)

Note: If you moved during the claim year, additional information will be required; see instructions

This claim form and all supporting documentation should be delivered by hand or mailed to:

Utility Franchise Fee Refund Program/
Water and Wastewater Utility Rate Refund Program
c/o Jayhawk Area Agency on Aging
2910 SW Topeka Blvd, Topeka, KS 66611-2121

Please see Instructions and/or FAQ's for further assistance.
Questions should be directed to Jayhawk Area Agency on Aging @ 785-235-1367
or City's Public Works Response Center @ 785-368-3111.

CITY OF TOPEKA WATER & WASTEWATER UTILITY RATE REFUND PROGRAM

AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION

I, ______________________________ am a customer of the City of Topeka Water and/or Wastewater Utilities.
(PRINT FULL NAME)

My City of Topeka Utilities Account Number/s is ____
____________________________, for the following service address(es):

STREET ADDRESS	CITY/STATE/ZIP CODE
PREVIOUS STREET ADDRESS	CITY/STATE/ZIP CODE
DAY PHONE NUMBER	EVENING/ALTERNATE PHONE NUMBER/S
E-MAIL ADDRESS	

The account(s) I am applying for a credit is in the same name and was active in the same year as the Kansas Homestead Refund. I understand that "refunds" for the Water & Wastewater Utility Rate Refund Program will be given in the form of a credit to my account.

I understand and agree that this Authorization includes the release and discussion of all information concerning this account, including but not limited to the billing and payment history. I further authorize and agree to the release of any information concerning previous accounts maintained in my name.

I understand that by signing this Authorization, I will cause the release of information to a third party, which may become public knowledge. I specifically hold City of Topeka, their employees, officers, and agents harmless from any and all claims and liability arising directly or indirectly from the release, discussion, use, or misuse by anyone of the information about me, my account, or my service, which is released as a result of this Authorization.

CUSTOMER SIGNATURE ____________________ DATE ____________________

For City use only:

Financial Services

Applicant Approved By ____________________ Date: ____________________

Utility Billing's Water and Wastewater Utility Rate Refund Program Processing Report

Customer Name: ____________________

Account Number: ____________________

Refund Customer ID Number ____________________

Service Address: ____________________

Previous Address: ____________________

Rejected: __________

Account Name discrepancy: ____________________

Other (explain): ____________________

Credits

Inside City Water $ ____________ Inside City Wastewater $ ____________

Outside City Water $ ____________ Outside City Wastewater $ ____________ Total $ ________

100% to account(s): ______ Partial to account(s): ________ 0% to account(s): ______

Amount Applied: $ ________

Refund Balance $ ________

Processing Date: ________ Tax Year ________ Processed By: ________

KANSAS GAS SERVICE, A DIVISION OF ONEOK, INC.
AUTHORIZATION FOR RELEASE OF CUSTOMER INFORMATION

My Kansas Gas Utility Account Number: ______________________________

Name: ______________________________
Last First Middle

Address:

____

Home Phone: (_____) ______-__________ Work Phone: (_____) ______-__________

By my signature below, I authorize Kansas Gas Service Company, a division of ONEOK, Inc., to release any and all oral and written information about my gas account to the following person(s) or company:

City of Topeka, Kansas
NAME OF PERSON OR COMPANY

215 SE 7th Street, Room 358, Budget and Financial Services
STREET ADDRESS/P.O. BOX

Topeka, Kansas 66603-3914, 785-368-3970
CITY STATE ZIP CODE PHONE

I understand and agree that this authorization includes the release and discussion of all information concerning this account, including but not limited to the billing and payment history. I further authorize and agree to the release of any information concerning previous accounts maintained in my name.

I understand that by signing this authorization, I will cause the release of information to a third party, which may become public knowledge. I specifically hold Kansas Gas Service Company, a division of ONEOK, Inc., their employees, officers, and agents harmless from any and all claims and liability arising directly or indirectly from the release, discussion, use, or misuse by anyone of the information about me, my account, or my service, which is released as a result of this Authorization

____
CUSTOMER SIGNATURE

____
PRINT OR TYPE CUSTOMER'S NAME

____
DATE

Mail or deliver this completed form to:
Jayhawk Area Agency on Aging
2910 SW Topeka Blvd
Topeka, KS 66611-2121

12-2-08

Please complete an Authorization Form for each address during the claim year.

Authorization for Release of Westar Energy Utility Account Franchise Fee Information

CITY OF TOPEKA, KANSAS UTILITY FRANCHISE FEE REFUND PROGRAM

The personal information collected on this form will be used to process your release of information request, and is collected pursuant to the City of Topeka, Kansas "*Utility Franchise Fee Refund Program*" under City of Topeka Municipal Code Sec. 146.17 (Ord. No. 18584, § 1, 3-7-06; Ord. No. 19129 § 1, eff. 7-15-08 and Ord. No. 19153, § 1, 8-26-08). If you have any questions about the collection and use of this information, contact the Director of Budget and Financial Services, the City of Topeka, Kansas, 215 SE 7th, Room 358, Topeka, KS 66603.

My Westar Energy Electric Utility Account Number: ______________________________

Name: ______________________________ Former Name: ____________________
Last First Middle

Address: ____

____

Is Utility service all electric? _____ YES _____ NO

Home Phone: (_____) ______-__________ Work Phone: (_____) ______-__________

Email: ____

I hereby authorize the City of Topeka, Kansas to release my Utility Franchise Fee Refund Program application information to my energy vendor, Westar Energy, Inc., and I further authorize my utility provider, Westar Energy, Inc. to release my utility account franchise fee payment history to the City of Topeka, Kansas, all for purposes of determining my eligibility for a utility franchise fee refund.

Note: This release is in effect until December 31, 2010, or until the utility customer named above notifies Westar Energy, Inc. and the City of Topeka, Kansas, in writing, to withdraw this authorization, whichever occurs first.

Utility Customer Signature: ______________________________ **Date:** ______________

Mail or deliver the completed form to:
Jayhawk Area Agency on Aging
2910 SW Topeka Blvd
Topeka, KS 66611

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ....
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person** ▶ **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,