## STATE OF NEW JERSEY PROPERTY TAX CREDIT APPLICATION WOUNDED WARRIOR CAREGIVERS CREDIT APPLICATION

	Your Social Security Number (required)	Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)							
	Spouse's/CU Partner's SSN (if filing jointly)	Home Address	s (Numbe	and Street, ir	cluding apartr	ment number)			
(	County/Municipality Code (See Table page 50)	City, Town, Po	st Office			State	ZIP Code		
1.	Single	Fill in if your address has changed							
2. 3. 4.	Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of household	part of th	ere a New J e taxable y	lersey resident frear, give the pe	or ONLY riod of	From:			
5	Qualifying widow(er)/Surviving CU Partner	New Jers	New Jersey residen	ncy:	I				
Car	ou are applying for the Property Tax Credegivers Credit, complete Part II. If you a rior Caregivers Credit, complete both Part II.	re applying	for the	•					
PAI	RT I — Property Tax Credit								
7.	Indicate whether at any time during 2018 you either owned a home or rented a dwelling in New Jersey as your principal residence on which property taxes (or rent) were paid. Fill in the appropriate oval. If you were both a homeowner and a tenant during the year, fill in "Both."								
	Homeowner Tenan	nt	0	Both		None	(Fill in only one)		
	If "Homeowner" or "Tenant" or "Both," you re principal residence. If "None," you are not e					axes or re	nt paid on your		
8a.	On December 31, 2018, were you age 65 of	or older?		Yourself Spouse/Cl	J Partner	Yes Yes	No No		
8b.	On December 31, 2018, were you blind or	disabled?		Yourself	J Partner	Yes	No No		
	If you (and your spouse/CU partner) answe for the Property Tax Credit.	ered " <b>No</b> ," to	all the	•					
9.	On October 1, 2018, did you own and occuryour principal residence? If "Yes," see instructions.	ıpy a home i	n New J	lersey as	→ Yes	(	No		
	vision 1 2 3		4	5 6		7			

				Your Social Secu	rity Number						
				Tour doctar deci	nty rumber						
Page	32		Name(s) as shown on Form NJ-1040	0							
1 ago		L									
PART II — Wounded Warrior Caregivers Credit											
10.	Did you provide care for a relative who was a qualifying armed services member (see instructions)?  Yes  No										
	If "Yes," enter the name and Social Security nur	mber o	of the qualifying serv	vice member.							
				1							
	You may be asked to provide proof to substantiate your claim.										
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Do not complete Part II.										
11a.	a. Enter the 2018 federal disability compensation of the armed services member										
11b.	Maximum credit allowed		675								
11c.	Enter the lesser of Line 11a or Line 11b										
12.	. Were you the only caregiver for this service member during the tax year? Yes No										
	If "No," enter your share (percentage) of the total care expenses for the year%										
13.	s. If you answered " <b>Yes</b> " at Line 12, enter the amount from Line 11c.										
	If you answered "No" at Line 12, multiply the am		•								
	percentage on Line 12 and enter the result			13.							
Ша	alth Incurence										
Health Insurance Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this application.  You Spouse/CU Partner Domestic Partner Yes No											
Signature Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.											
Your S	Signature E	Date	Spouse's/CU Partner's	Signature (required if	filing jointly) Date						
Fill in if you do not want a paper form next year.											
I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below).    Paid Preparer's Signature   Federal Identification Number											
alu l	roparor o digitaturo		Star Identification Nullib		Mail your NJ-1040-HW to:						
Firm's	s Name	Fed	eral Employer Identifica	tion Number	NJ Division of Taxation  Revenue Processing Center PO Box 555 Trenton, NJ 08647-0555						