Name(s) as shown on Form NJ-1040	Social Security Number

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2024

personal whether tangible or intangible as reported on federal Schedule D.							
	(a)	(b)	(c)	(d)	(e)	(f)	
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)	
2.	Capital Gains Distributions						
3.	Other Net Gains						
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter zero here and make no entry on line 19.)						

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2024

	Did you provide care for a relative who was a qualifying armed services member (see instructions)?	> Ye	s O No			
	If "Yes," enter the name and Social Security number of the qualifying service member.					
	Last Name, First Name, Initial Social Security number					
	Enter your relationship to the qualifying service member.					
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry	on lin	e 62, NJ-1040.			
1.	Enter the federal disability compensation of the armed services member	1.				
2.	Maximum credit allowed	2.	675	00		
3.	Enter the lesser of line 1 or line 2	3.				
4.	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.	4.		%		
5.	If you answered " Yes " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.					
	If you answered " No " at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040	5.				