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

	WOONDE	D WAININ		COIVEIC	CILLDII	AFFLIO	AIION	
	Your Social Security Number (required)	Last Name, F	First Name				dle initial of each. E ame ONLY if differe	
	Spouse's/CU Partner's SSN (if filing jointly)	Home Addres	ss (Numbe	r and Street, ir	ncluding apart	tment numb	er)	
(	County/Municipality Code (See Table page 50)	City, Town, P	ost Office			State	e ZIP (	Code
1.	Single			ill in O if	your address	has change	ed .	
2. 3. 4. 5	Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of household Qualifying widow(er)/Surviving CU Partner	6. If you w part of t		lersey resident rear, give the pe		om:	/ / / / 1 / / / / 1	8
If yo Care War	Your income is more than \$20, narried/CU partner, filing separate are applying for the Property Tax Credegivers Credit, complete Part II. If you are Caregivers Credit, complete both Part II.	arate ret dit, comple re applying	te Part for the	You mus	st file F e applying	orm N	<b>J-1040.</b> Wounded Wa	arrio
7.	RT I — Property Tax Credit  Indicate whether at any time during 2018 y principal residence on which property taxes homeowner and a tenant during the year, for	s (or rent) w						
	Homeowner Tenal	nt	0	Both	0	None	(Fill in only	one)
	If "Homeowner" or "Tenant" or "Both," you re principal residence. If "None," you are not e					taxes or i	rent paid on y	our
8a.	On December 31, 2018, were you age 65 of	or older?		Yourself Spouse/Cl	J Partner	Ye.		
8b.	On December 31, 2018, were you blind or	disabled?		Yourself	I Dortnor	Ye.		
	If you (and your spouse/CU partner) answer for the Property Tax Credit.	ered " <b>No</b> ," to	o all the	Spouse/Cl questions a		Yeand 8b, y		
9.	On October 1, 2018, did you own and occu your principal residence? If " <b>Yes</b> ," see instructions.	ıpy a home	in New c	lersey as	◯ Yes	S	○ No	
	vision 1 2 3		4	5 6		7		

			Your Social Security Number						
			Toda octain cooming reminer						
Page	32		Name(s) as shown on Form NJ-1040						
1 080		l							
PAR	RT II — Wounded Warrior Caregivers C	redit	it						
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 service member.						
	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	al care	re expenses for the year%						
13.	If you answered "Yes" 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 result13.								
Haaldh Ingarraga									
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 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 C	Date	Spouse's/CU Partner's Signature (required if filing jointly)  Date						
Fill in if death certificate is enclosed.  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									
	- Sparsi o Signataro		Mail your NJ-1040-HW to:						
Firm's	s Name	Fed	NJ Division of Taxation Revenue Processing Center PO Box 555 Trenton, NJ 08647-0555						