2019 NJ-1040-HW

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 (Number and Street, including apartr	nent number)		
County/Municipality Code (See Table page 50)	City, Town, Post Office	State	ZIP Code	
1. O Single	Fill in O if your address t	as changed		
 Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner 	NJ RESIDENCY STATUS 6. Part-year residents, provide months/days you were a New Jersey resident during 2019:	n: MM	/DD/19 /DD/19	

Do Not File This Application If:

- You file a 2019 New Jersey resident return, Form NJ-1040; or
- Your income is more than \$20,000, excluding Social Security income (\$10,000 if filing status is single or married/CU partner, filing separate return). You must file Form NJ-1040.

You can use Form NJ-1040-HW even if you are eligible for only ONE of the credits.

If you are applying for the Property Tax Credit, complete Part I. If you are applying for the Wounded Warrior Caregivers Credit, complete Part II. If you are applying for both credits, complete both Parts I and II.

PART I — Property Tax Credit

7. Indicate whether at any time during 2019 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."

	O Homeowner	Tenant	O Both	\bigcirc	None	(Fill in only one)
	If "Homeowner" or "Tenant" or principal residence. If "None,"			property	taxes or re	ent paid on your
8a.	On December 31, 2019, were	you age 65 or older?	Yourself Spouse/CU F	Partner	O Yes	
8b.	On December 31, 2019, were	you blind or disabled?	Yourself Spouse/CU F	Partner	O Yes	
	If you (and your spouse/CU pa for the Property Tax Credit.	artner) answered " No ," to a	all the questions at lin	nes 8a a	ind 8b, you	u are not eligible
9.	On October 1, 2019, did you o your principal residence? If " Yes ," see instructions.	wn and occupy a home in	New Jersey as	─ Ye	5	O No
	vision 1 2	3	4 5 6		7	

	-				
			Your Social Security Number		
Pa	ge 2	Name(s) as shown on Form NJ-104	IO-HW		
PAF	RT II — Wounded Warrior Caregivers Credit	:			
10.	Did you provide care for a relative who was a qualifyir member (see instructions)?	ng armed services	O Yes O No		
If "Yes," enter the name and Social Security number of the qualifying service member.					
	Last Name, First Name, Middle Initial				
	Enter your relationship to the qualifying service memb	per.			
		_			
	If "No," you are not eligible for a Wounded Warrior Ca	regivers Credit. Do not co	omplete Part II.		
11a.	Enter the 2019 federal disability compensation of the armed services member				
11b.	Maximum credit allowed	675			
11c.	Enter the lesser of line 11a or line 11b		11c.		
12.	Were you the only caregiver for this service member of	during the tax year?	Yes No		
	If "No," enter your share (percentage) of the total care	e expenses for the year	%		
13.	If you answered "Yes" at line 12, enter the amount fro	m line 11c.			
	If you answered " No " at line 12, multiply the amount for line 11c x% from line 12		13.		

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 Signature	Date	Spouse's/CU Partner's Signature (required if filing jointly) Date				
Fill in O 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	F	ederal Identification Number	Mail your NJ-1040-HW to: NJ Division of Taxation Revenue Processing Center PO Box 555 Trenton, NJ 08647-0555			
Firm's Name	Ē	ederal Employer Identification Number				