

2020 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 na spouse's/CU pa		initial of each. Enter e ONLY if different.)
Spouse's/CU Partner's SSN (if filing jointly)	Home Address (Number and Street, including apart	ment number)	
County/Municipality Code (See Table page 50)	City, Town, Post Office	State	ZIP Code
1. Single	Fill in if your address	nas changed	
 Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner 	6. Fait-year residents, provide months/days		/DD/2 0 /DD/2 0

4. 5	00	Head of Household Qualifying Widow(er	c)/Surviving CU Partner			rovide months/day by resident during 2		MM	/DD/20
YoYo	ou file our inc	come is more th	plication If: ersey resident ref nan \$20,000, exc artner, filing sepa	luding Soc	ial Sec	curity incom			ing status is
If yo	ou are a	applying for the l	-1040-HW even Property Tax Cred te Part II. If you ar	it, complete	Part I.	If you are a	oplying fo	or the Wo	ounded Warrio
PAI	RT I —	- Property Tax	Credit						
7.	princip	oal residence (mai	time during 2020 yo n home) on which p r and a tenant during	roperty taxes	s (or rent	t) were paid. I			
	0	Homeowner	Tenan	t	ОВ	oth	O No	one ((Fill in only one)
			ant" or "Both," you m ou are not eligible fo				roperty tax	ces or rer	nt paid on your
8a.	On De	ecember 31, 2020,	were you age 65 o	r older?		ourself Spouse/CU Pa	artner C	Yes Yes	○ No
					0	pouse/COT 8		7 163	1 100
8b.	On De	ecember 31, 2020,	were you blind or d	lisabled?		ourself spouse/CU Pa	ortnor	Yes Yes	No No
		(and your spouse Property Tax Cre	/CU partner) answer	red " No ," to a		•			
9.	your n	ctober 1, 2020, did nain home? s," see instructions	you own and occups.	oy a home in	New Jei	rsey as	> Yes	<	○ No
	-								



Page 2

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

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 number of the qualifying service member.						
	Last Name, First Name, Middle Initial						
	Enter your relationship to 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.	Enter the 2020 federal disability compensation of the armed services member						
11b.	Maximum credit allowed						
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.	If you answered "Yes" at line 12, enter the amount from line 11c.						
	If you answered "No" at line 12, multiply the amount from line 11c % from line 12 13.						
Under	nature In part of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based I information of which the preparer has any knowledge.						
Your S	Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date						
Fill i	n 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 Mail your NJ-1040-HW to: NJ Division of Taxation Revenue Processing Center						
Firm's	s Name Federal Employer Identification Number Trenton, NJ 08647-0555						