

2021 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 apart	ment number)		
County/Municipality Code (See Table page 50)	City, Town, Post Office	State	ZIP Code	
1. Single	Fill in if your address has changed			
2. Married/CU Couple, filing joint return				
3. Married/CU Partner, filing separate return	NJ RESIDENCY STATUS 6. Part-year residents, provide months/days	m: M M	/DD/21	
4. Head of Household	you were a New Jersey resident during 2021:	6: MM/DD/2 1		
5 Qualifying Widow(er)/Surviving CU Partner		10. 171 171		

1.	Single Married (CLL Courtle filling in interacture)	Fill in if your address has changed					
3. 4. 5	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 2021: To: M M / D D / 2 1					
YoYo	 Do Not File This Application If: You file a 2021 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. 						
If yo	ou are applying for the Property Tax Cred	en if you are eligible for only ONE of the credits. dit, complete Part I. If you are applying for the Wounded Warrio re applying for both credits, complete both Parts I and II.					
Par	t I — Property Tax Credit						
7.	Indicate whether at any time during 2021 you either owned a home or rented a dwelling in New Jersey as principal residence (main home) on which property taxes (or rent) were paid. Fill in the appropriate oval. If were both a homeowner and a tenant during the year, fill in "Both."						
	Homeowner Tenar	nt One (Fill in only one)					
	If "Homeowner" or "Tenant" or "Both," you may be asked to provide proof of property taxes or rent paid on your main home. If "None," you are not eligible for a Property Tax Credit.						
8a.	On December 31, 2021, were you age 65 of	or older? Yourself Spouse/CU Partner Yes No No					
8b.	On December 31, 2021, were you blind or	disabled? Yourself Yes No Spouse/CU Partner Yes No					
	If you (and your spouse/CU partner) answe for the Property Tax Credit.	ered "No," to all the questions at lines 8a and 8b, you are not eligible					
9.	On October 1, 2021, did you own and occu your main home? If " Yes ," see instructions.	py a home in New Jersey as Yes No					





Your Social Security Number

Name(s) as shown on Form NJ-1040-HW

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Part II — Wounded Warrior Caregivers Credit

10.	O. 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.	1a. Enter the 2021 federal disability compensation of the armed services member				
11b.	1b. Maximum credit allowed				
11c.	1c. Enter the lesser of line 11a or line 11b11c.				
12.	2. 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.	3. 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 x % from line 12 13.				
Unde best c	Signature Inder penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and est of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration in all information of which the preparer has any knowledge.				
Your S	our Signature Date Spouse's/CU Partner's Signature (required if filing jointly)	Date			
Fill i	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	Paid Preparer's Signature Federal Identification Number Mail your NJ-1040- NJ Division of Taxa Revenue Processir	tion			
Firm's	Firm's Name Federal Employer Identification Number Trenton, NJ 08647	•			