

2022 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 par		initial of each. Enter e ONLY if different.)
Spouse's/CU Partner's SSN (if filing jointly)	Home Address (Number and Street, including apartment number)		
County/Municipality Code (See Table page 50)	City, Town, Post Office	State	ZIP Code
Single Marriad/CH Couple filing joint return	Fill in O if your address h	nas changed	
Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner	6. Part-year residents, provide months/days		DD/2 2

1.	Single	Fill in if your address has changed					
2.	Married/CU Couple, filing joint return	NU DECIDENCY CTATUS					
3.	Married/CU Partner, filing separate return	NJ RESIDENCY STATUS 6. Part-year residents, provide months/days From: M M / D D / 2 2					
4.	Head of Household	you were a New Jersey resident during 2022:					
5	Qualifying Widow(er)/Surviving CU Partner						
 Do Not File This Application If: You file a 2022 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 Warriot 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 2022 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	ant Both None (Fill in only one)					
If "Homeowner" or "Tenant" or "Both," you may be asked to provide proof of property taxes or rent paid or main home. If "None," you are not eligible for a Property Tax Credit.							
8a.	On December 31, 2022, were you age 65	Sor older? Yourself Yes No Spouse/CU Partner Yes No					
8b.	On December 31, 2022, were you blind o	or disabled? Yourself Spouse/CU Partner Yes No					
	If you (and your spouse/CU partner) answered "No," to all the questions at lines 8a and 8b, you are not eligible for the Property Tax Credit.						
9.	On October 1, 2022, did you own and occ your main home? If " Yes ," see instructions.	cupy 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.	Did you provide care for a relative who was a qualifying armed services member (see instructions)?						
If "Yes," enter the name and Social Security number of the qualifying service member.							
			$\overline{}$				
	Last Name, First Name, Middle Initial						
	Enter your relationship to the qualifying service member.						
	You may be asked to provide proof to substantiate yo	— ur claim.					
	If " No ," you are not eligible for a Wounded Warrior Caregivers Credit. Do not complete Part II.						
11a.	Enter the 2022 federal disability compensation of the armed services member						
11b.	b. Maximum credit allowed	675					
11c.		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	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 from line 11c x % from line 12 13.					
Under best c	ignature der penalties of perjury, I declare that I have examined this applicat st of my knowledge and belief, it is true, correct, and complete. If preal information of which the preparer has any knowledge.						
Your S	ur Signature Date	Spouse's/CU Partner's Signature (required if	filing jointly) Date				
Fill ir	ill in oif 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 enclo	sures with my preparer (below).					
Paid I	id Preparer's Signature	leral Identification Number	Mail your NJ-1040-HW to:				
Fine 1			NJ Division of Taxation Revenue Processing Center PO Box 555				
⊢ırm's	rm's Name Fed	leral Employer Identification Number	Trenton, NJ 08647-0555				