



**2025 NJ-1040-HW**  
**State of New Jersey**  
**Property Tax Credit Application**  
**Wounded Warrior Caregivers Credit Application**

Your Social Security Number (required) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		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) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		Home Address (Number and Street, including apartment number)			
County/Municipality Code (See Table page 52) <div> <div></div> <div></div> <div></div> <div></div> </div>		City, Town, Post Office		State	ZIP Code
1. <input type="radio"/> Single 2. <input type="radio"/> Married/CU Couple, filing joint return 3. <input type="radio"/> Married/CU Partner, filing separate return 4. <input type="radio"/> Head of Household 5. <input type="radio"/> Qualifying Widow(er)/Surviving CU Partner		Fill in <input type="radio"/> if your address has changed			
		NJ RESIDENCY STATUS 6. Part-year residents, provide months/days you were a New Jersey resident during 2025: From: <div> <div></div> <div></div> <div></div> <div></div> </div> / 2 5 To: <div> <div></div> <div></div> <div></div> <div></div> </div> / 2 5			

### Do Not File This Application If:

- You file a 2025 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 2025 you either owned a home or rented a dwelling in New Jersey as your principal residence (main home) 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."

☐ Homeowner      ☐ Tenant      ☐ 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 on your main home. If "None," you are not eligible for a Property Tax Credit.

- 8a. On December 31, 2025, were you age 65 or older?
- |                   |                           |                          |
|-------------------|---------------------------|--------------------------|
| Yourself          | <input type="radio"/> Yes | <input type="radio"/> No |
| Spouse/CU Partner | <input type="radio"/> Yes | <input type="radio"/> No |
- 8b. On December 31, 2025, were you blind or disabled?
- |                   |                           |                          |
|-------------------|---------------------------|--------------------------|
| Yourself          | <input type="radio"/> Yes | <input type="radio"/> No |
| Spouse/CU Partner | <input type="radio"/> Yes | <input type="radio"/> 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.

[illegible]



Your Social Security Number

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

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**Part II — Wounded Warrior Caregivers Credit**

9. 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

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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.

- 10a. Enter the 2025 federal disability compensation of the armed services member .....

10b. Maximum credit allowed ..... 675

10c. Enter the lesser of line 10a or line 10b ..... 10c. 

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11. 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 ..... %

12. If you answered **"Yes"** at line 11, enter the amount from line 10c.

If you answered **"No"** at line 11, multiply the amount from line 10c \_\_\_\_\_ x \_\_\_\_\_ % from line 11. .... 12. 

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**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. (N.J.S.A. 2C:28-1)

Your Signature

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

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Firm's Name

Federal Employer Identification Number

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Mail your NJ-1040-HW to:

NJ Division of Taxation  
Revenue Processing Center  
PO Box 555  
Trenton, NJ 08647-0555