



040HH01250

2025 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.)		
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
Spouse's/CU Partner's SSN (if filing jointly)	Home Address (Number and Street, including apartment number)		
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>			
County/Municipality Code (See Table page 52)	City, Town, Post Office	State	ZIP Code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
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: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> 2 5 To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> 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

 Yes No

Spouse/CU Partner

 Yes No

8b. On December 31, 2025, were you blind or disabled?

Yourself

 Yes No

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.

Division
use

<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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040HH02250

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

675

10b. Maximum credit allowed

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

Mail your NJ-1040-HW to:

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Firm's Name

Federal Employer Identification Number

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

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