

2024 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 ONLY if different.)
Spouse's/CU Partner's SSN (if filing jointly)	Home Address (Number and Street, including apartr	nent number)	
County/Municipality Code (See Table page 52)	City, Town, Post Office	State	ZIP Code
Single Marriad/CH Couple filing joint return	Fill in if your address h	ias changed	
 Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner 	0. Fait-year residents, provide months/days		DD/2 4

Do Not File This Application If:

- · You file a 2024 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

Car	egivers Credit, complete Par	t II. If you are applying	tor boi	in credits, complete	both Part	s i and ii.
Par	t I — Property Tax Credit	t				
7.	Indicate whether at any time deprincipal residence (main hom were both a homeowner and a	e) on which property taxe	s (or re	ent) were paid. Fill in	•	
	Homeowner	Tenant	0	Both	None	(Fill in only one)
	If "Homeowner" or "Tenant" or main home. If "None," you are		-		y taxes or ı	ent paid on your
8a.	On December 31, 2024, were	you age 65 or older?		Yourself	O Yes	s No
				Spouse/CU Partner	O Yes	s No
8b.	On December 31, 2024, were	you blind or disabled?		Yourself	O Yes	s No
				Spouse/CU Partner	O Yes	s No
	If you (and your spouse/CU pa for the Property Tax Credit.	artner) answered " No " to a	all the o	questions at lines 8a a	and 8b, you	u are not eligible

Division	1	1	2				3				4	Г	5	(6			7			
use	شا	J.		4	Ш	ш	Ŭ			L		L	<u> </u>	L	Ŭ	ш		Ľ		ш	



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

Part	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												
	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.	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Do not complete Part II.											
10a.	10a. Enter the 2024 federal disability compensation of the armed services member												
10b.	10b. Maximum credit allowed												
10c.	10c. Enter the lesser of line 10a or line 10b												
11.	11. Were you the only caregiver for this service member during the tax year?	No											
	If "No," enter your share (percentage) of the total care expenses for the year%												
12.	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 1112.												
	Signature												
	Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declara												
	on all information of which the preparer has any knowledge. (<u>N.J.S.A.</u> 2C:28-1)	ation to bacca											
Your S	Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly)	Date											
Fill ir	Fill in if death certificate is enclosed.												
	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below).												
Paid F	Paid Preparer's Signature Federal Identification Number Mail your NJ	-1040-HW to:											
		ocessing Center											
Firm's	Firm's Name Federal Employer Identification Number PO Box 555 Trenton, NJ												