

2023 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 apartr	nent number)	
County/Municipality Code (See Table page 52)	City, Town, Post Office	State	ZIP Code
1. Single	Fill in O if your address h	nas changed	
 Married/CU Couple, filing joint return Married/CU Partner, filing separate return 	NJ RESIDENCY STATUS 6. Part-year residents, provide months/days	m: M M	/DD/23
Head of Household Qualifying Widow(er)/Surviving CU Partner		o: MM	DD/2 3

1.	Single Marriad/CH Caupla filling laint return	NJ RESIDENCY STATUS 6. Part-year residents, provide months/days you were a New Jersey resident during 2023: To: M M / D D		d	
2. 3. 4. 5	Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner				
YoYo	Not File This Application If: u file a 2023 New Jersey resident return ur income is more than \$20,000, exclud arried/CU partner, filing separate return)	ing Social Securit	y income (\$10,00	0 if filing sta	atus is single or
If yo	can use Form NJ-1040-HW evenue are applying for the Property Tax Credegivers Credit, complete Part II. If you are	lit, complete Part l	I. If you are applyi	ing for the V	Wounded Warri
Par	: I — Property Tax Credit				
7.	Indicate whether at any time during 2023 yo principal residence (main home) on which passes both a homeowner and a tenant during	property taxes (or re	ent) were paid. Fill in		
	Homeowner Tenar	nt O	Both	N one	(Fill in only one
	If "Homeowner" or "Tenant" or "Both," you r main home. If "None," you are not eligible f			rty taxes or เ	⁻ ent paid on your
8a.	On December 31, 2023, were you age 65 of	or older?	Yourself Spouse/CU Partne	Yes	
8b.	On December 31, 2023, were you blind or	disabled?	Yourself Spouse/CU Partne	Yes	
	If you (and your spouse/CU partner) answe for the Property Tax Credit.	ered " No ," to all the	questions at lines 8	a and 8b, yo	u are not eligible
9.	On October 1, 2023, did you own and occu your main home?	py a home in New c		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)? 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 substant	iate your claim.					
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Do not complete Part II.						
11a.	Enter the 2023 federal disability compensation of the armed services member						
11b.	Maximum credit allowed	675					
11c.	Enter the lesser of line 11a or line 11b	11c.					
12.	Were you the only caregiver for this service me	ember during the tax year? Yes No					
	If "No," enter your share (percentage) of the to	tal care expenses for the year%					
13.	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.						
Under best c		application, including accompanying schedules and statements, and to the ete. If prepared by a person other than the taxpayer, this declaration is based N.J.S.A. 2C:28-1)					
Your S	ignature	Date Spouse's/CU Partner's Signature (required if filing jointly) Date					
Fill in	n 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 a	and enclosures with my preparer (below).					
Paid Preparer's Signature		Federal Identification Number Mail your NJ-1040-HW to:					
		NJ Division of Taxation Revenue Processing Center					
Firm's Name		Federal Employer Identification Number PO Box 555 Trenton, NJ 08647-0555					