



Veteran Exemption Submission Form

You Must Send a Copy of Your [Official Discharge Document](#) With This Form.

Personal Information

Name: _____
Last *First*

Social Security Number: _____ Date of Birth _____

Spouse Name: _____
Last *First*

Spouse Social Security Number: _____ Date of Birth _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Daytime Phone: () _____

Signature

E-mail Address: _____

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Where to Send the Completed Form

- **Online**, use our secure document [upload](#) feature.
Enter the notice code **VET** and select **PO Box 440**; *or*
- **Mail**, with a copy of your [discharge document](#) to:
The New Jersey Division of Taxation
Veteran Exemption
PO Box 440
Trenton, NJ 08646-0440; *or*
- **Fax** with a copy of your [discharge document](#) to: **609-633-8427**.