

Name(s) as shown on Form NJ-1040	Social Security Number
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## Schedule NJ-WWC

## Wounded Warrior Caregivers Credit

## 2018

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, Initial

\_\_\_\_\_

Social Security number

If **"No,"** you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on Line 60, NJ-1040.

1. Enter the federal disability compensation of the armed services member .....	1.		
2. Maximum credit allowed .....	2.	675	00
3. Enter the lesser of Line 1 or Line 2.....	3.		
4. Were you the only caregiver for this service member during the tax year? <input type="radio"/> Yes <input type="radio"/> No If <b>"No,"</b> enter your share (percentage) of the total care expenses for the year.	4.		%
5. If you answered <b>"Yes"</b> at Line 4, enter the amount from Line 3 here and on Line 60, NJ-1040.  If you answered <b>"No"</b> at Line 4, multiply the amount on Line 3 by the percentage on Line 4. Enter the result here and on Line 60, NJ-1040 .....	5.		

**Keep a copy of this schedule for your records**