2019
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.)
Spouse's/CU Partner's SSN (if filing jointly)	Home Address (Number and Street, including apartment number)
County/Municipality Code (See Table page 50)	City, Town, Post Office / State / ZIP Code
1. ☐ Single 2. ☐ Married/CU Couple, filing joint return 3. ☐ Married/CU Partner, filing separate return 4. ☐ Head of Household 5 ☐ Qualifying Widow(er)/Surviving CU Partner	Fill in ☐ if your address has changed NJ RESIDENCY STATUS 6. Part-year residents, provide months/days you were a New Jersey resident during 2019: From: M M / D D / 1 9 To: M M / D D / 1 9

Do Not File This Application If:

- You file a 2019 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 2019 you either owned a home or rented a dwelling in New Jersey as your principal residence 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 principal residence. If "None," you are not eligible for a Property Tax Credit.

8a. On December 31, 2019, were you age 65 or older?
Yourself ☐ Yes ☐ No
Spouse/CU Partner ☐ Yes ☐ No

8b. On December 31, 2019, 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.

9. On October 1, 2019, did you own and occupy a home in New Jersey as your principal residence? ☐ Yes ☐ No
If "**Yes**," see instructions.

Division use 1 2 3 4 5 6 7

Your Social Security Number

Name(s) as shown on Form NJ-1040-HW

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 substantiate your claim.

If "**No**," you are not eligible for a Wounded Warrior Caregivers Credit. Do not complete Part II.

11a. Enter the 2019 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 member during the tax year? ☐ Yes ☐ No

If "**No**," enter your share (percentage) of the total 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. .

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.

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

Firm's Name

Federal Employer Identification Number

Mail your NJ-1040-HW to:

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