

## **Veteran Income Tax Exemption Submission Form**

## You Must Send a Copy of Your Official Discharge Document With This Form.

We only need a copy of your records the first time you claim the exemption. Once you receive confirmation we have accepted your discharge paperwork, you claim the exemption on your return annually.

You do not need to provide documentation each year.

| 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                 | Apartm.                      | nent/Unit# |
| City                           | State                        | ZIP Code   |
| Home Phone:                    | Daytime Phone:               |            |
| E-mail Address:                |                              |            |
|                                | Signature                    |            |
| Signature:                     | Dat                          | e:         |
| Spouse Signature:              | Dat                          | e:         |
| Whe                            | re to Send the Completed For | m          |

Online, use our secure document upload feature. Enter the notice code **VET** and select **PO Box 440**;

Mail, with a copy of your discharge document to:

**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.