

## 2021 NJ-1040-HW

## **State of New Jersey Property Tax Credit Application Wounded Warrior Caregivers Credit Application**

Your Social Security Number (required)		tial (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	Fill in if your address has changed			
2. 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/21	
4. Head of Household	you were a New Jersey resident during 2021:	To: M M / D D / 2 1		
5 Qualifying Widow(er)/Surviving CU Partner		10. 171 171		

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3.	Married/CU Couple, filing joint return  Married/CU Partner, filing separate return	NJ RESIDENCY STATUS  6. Part-year residents, prov		From: M M	1/D D/2 1
4. 5	Head of Household Qualifying Widow(er)/Surviving CU Partner	you were a New Jersey	resident during 2021:	то: ММ	I/D D/2 1
• You	Not File This Application If: but file a 2021 New Jersey resident return but income is more than \$20,000, exclud arried/CU partner, filing separate return)  u can use Form NJ-1040-HW even	ing Social Security in You must file Form I en if you are eligi	NJ-1040. ible for only	ONE of t	he credits.
	u are applying for the Property Tax Crecegivers Credit, complete Part II. If you ar			_	
Par	t I — Property Tax Credit				
7.	Indicate whether at any time during 2021 yo principal residence (main home) on which pwere both a homeowner and a tenant durin	roperty taxes (or rent)	were paid. Fill in		
	Homeowner Tenar	t Bot	th C	None	(Fill in only one)
	If "Homeowner" or "Tenant" or "Both," you n main home. If "None," you are not eligible for			ty taxes or re	ent paid on your
8a.	On December 31, 2021, were you age 65 o		ourself oouse/CU Partne	Yes	
8b.	On December 31, 2021, were you blind or o		ourself oouse/CU Partne	Yes	
	If you (and your spouse/CU partner) answe for the Property Tax Credit.	•			
9.	On October 1, 2021, did you own and occu your main home? If " <b>Yes</b> ," see instructions.	oy a home in New Jers		Yes (	<b>○</b> No

Division use



Your Social Security Number Name(s) as shown on Form NJ-1040-HW

	t 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 2021 federal disability compensation of the armed services member							
11b.	Maximum credit allowed							
11c.	Enter the lesser of line 11a or line 11b							
12.	Were you the only caregiver for this service member during the tax year?							
	If " <b>No</b> ," 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 % from line 12 13.							
Under	<b>nature</b> r penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based information of which the preparer has any knowledge.							
Your S	Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date							
Fill ir	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 and enclosures with my preparer (below).							
Paid I	Preparer's Signature Federal Identification Number Mail your NJ-1040-HW to:							
	NJ Division of Taxation Revenue Processing Center							
Firm's	s Name Federal Employer Identification Number PO Box 555 Trenton, NJ 08647-0555							