





Your Social Security Number

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

Part II — Wounded Warrior Caregivers Credit

9. 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.

10a. Enter the 2024 federal disability compensation of the armed services member

10b. Maximum credit allowed 675

10c. Enter the lesser of line 10a or line 10b 10c.

11. 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 %

12. If you answered "Yes" at line 11, enter the amount from line 10c.

If you answered "No" at line 11, multiply the amount from line 10c x % from line 11.

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. (N.J.S.A. 2C:28-1)

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).

Table with 3 columns: Paid Preparer's Signature, Firm's Name, Federal Identification Number, Federal Employer Identification Number, and Mail your NJ-1040-HW to: NJ Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555