

Name(s) as shown on Form NJ-1040

Social Security Number

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 "No," enter your share (percentage) of the total care expenses for the year. | 4. | | % |
| 5. | If you answered "Yes" at Line 4, enter the amount from Line 3 here and on Line 60, NJ-1040. If you answered "No" 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