

## Schedule NJ-DOP

## Net Gains or Income From Disposition of Property

## 2019

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.						
	(a)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
2.	Capital Gains Distributions .....					
3.	Other Net Gains.....					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter ZERO here and make no entry on line 19.).....					

## Schedule NJ-WWC

## Wounded Warrior Caregivers Credit

## 2019

<p>Did you provide care for a relative who was a qualifying armed services member (see instructions)? ..... <input type="radio"/> Yes <input type="radio"/> No</p> <p>If <b>Yes</b>, enter the name and Social Security number of the qualifying service member.</p> <p style="text-align: center;">_____ - _____</p> <p style="display: flex; justify-content: space-between;"> <span>Last Name, First Name, Initial</span> <span>Social Security number</span> </p> <p>Enter your relationship to the qualifying service member.</p> <p>_____</p> <p>If <b>No</b>, you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 61, NJ-1040.</p>			
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 <b>No</b> , enter your share (percentage) of the total care expenses for the year.	4.		%
5. If you answered <b>Yes</b> at line 4, enter the amount from line 3 here and on line 61, NJ-1040.  If you answered <b>No</b> at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 61, NJ-1040 .....	5.		

**Keep a copy of this schedule for your records**