PROPERTY TAX DEDUCTION CLAIM BY VETERAN OR SURVIVING SPOUSE/DOMESTIC PARTNER OF VETERAN OR SERVICEPERSON (N.J.S.A. 54:4-8.10 et seq.; L.1963, c.171

County Municipality	Name of claimant owner	* * * * * * * * * * * * * * * * * * *	ى دى دىل دىل دىل دىل دىل دىل دىل دىل دىل		
Municipality	2. CLAIMED PROPE	RTY LOCATION	· ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^	**************************************	*********
Mark	Street Address		Unit #, if Co-c	p	Phone #
Analysis Address if different than Claimed Froperty Location	County		Municipali	у	
Active warring spussedomestic partner of serviceperson who died on wartine active duty in the United States Armel Forces, and have not remarked became to service domestic partnership. ATTACH copy Dillar, a strained. C. Surviving apouse/domestic partner of honorably discharged veteran with active wartine service in the United States Armel Forces. ATTACH copy DD214.	Block]	Lot		Oualifier
. VETERAN/SURVIVING SPOUSE/BOMESTIC PARTNER OF VETERAN OR SERVICEZERSON (Choose A, B, or C) A	Mailing Address if differ	ent than Claimed Property Loca	tion		
VETERANSURVIVING SPOUSE/DOMESTIC PARTNER OF VETERAN OR SERVICEPERSON (Choose A, B, or C) A Honorably discharged veteran with active wartime service in the United States Armed Forces. ATTACH copy DD214 B Surviving spouse/domestic partner of homorably discharged veteran with active wartime service in the United States Armed Forces and	*****	*********	*********		
A. Homorably discharged veteran with active wartine service in the United States Armed Forces. ATTACH copy DD214. B. Surviving spouse/domestic partner of nonembly discharged veteran with active wartine service in the United States Armed For and have not remartical/formed a new registered domestic partnership. ATTACH copy DD214 if not previously provided by veter claimant. C. Surviving spouse/domestic partner of serviceperson who died on wartine active duty in the United States Armed Forces; and have not remartical/formed a new registered domestic partnership. ATTACH copy Military Notification of Death. ACTIVE WARTHIS SERVICE PERIOD (Check All Applicable Service Periods Again 27, 1992 - March 17, 2003 March 19, 2003 - Ongoing Note of the Company	***********	****************	*************	(Indicate tax	year). **********
B. Surviving spouse/domestic partner of homorably discharged veteran with active wartime service in the United States Armed For and I have not remartie/formed a new registered domestic partnership. ATTACH copy DD214 if not previously provided by yeter claimant. C. Surviving spouse/domestic partner of serviceperson who died on wartime active duty in the United States Armed Forces; and state of the wart of the Company of the Company of the Company of the Company Military Notification of Death. A CITYE WARTIME SERVICE PERIOD (Check All Applicable Service Periods) **A. Operation Northern/Southern Watch **B. Operation Endown/Southern Watch **B. Operation Endown/Southern Watch **B. Operation Endown/Southern Watch **C. Operation Endown/Southern Claim Set (Service Periods) **C. Operation Endown/Southern Claim	. VETERAN/SURVI	ING SPOUSE/DOMESTIC P	ARTNER OF VETERA	OR SERVICEPERSO	N (Choose A, B, or C)
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Tave not remaried/formed a new registered domestic partnership. ATTACH copy Military Notification of Death.	☐I have r claiman	ot remarried/formed a new regis	stered domestic partnership	o. ATTACH copy DD214	if not previously provided by vetera
ACTIVE WARTIME SERVICE PERIOD (Check All Applicable Service Periods) **A. Operation Insqi Precdom March 19, 2003 - Ongoing **B. Operation Insqi Precdom September 11, 2001 - Ongoing **C. Operation Insqi Precdom September 11, 2001 - Ongoing **C. Operation Enduring Precdom September 11, 2001 - Ongoing **D. Tolint Endeavor/Joint Guard* - Bosnia & Herzegovina November 20, 1995 - June 20, 1998 **E. Restore Hope **Mission - Somalia December 3, 1999 - March 31, 1994 **F. Operation Desert Shield/Desert Storm Mission August 2, 1990 - February 28, 1991 **G. Panaman Peacekeeping Mission October 23, 1983 - Junuary 31, 1990 **H. Grenada Peacekeeping Mission October 23, 1983 - November 21, 1983 **I. Lebanon Teacekeeping Mission October 23, 1983 - November 21, 1983 **I. Lebanon Crisis of 1988 July 1, 1985 - November 21, 1985 **J. Victinant Conflict December 31, 1960 - Many 7, 1975 **J. Victinant Conflict December 31, 1960 - Many 7, 1975 **J. World War I September 16, 1940 - December 31, 1946 **NOTE - Peacekeeping Missions require a minimum of 14 days service in the actual combat zone expet where service-incurred injury or disaccurs in the combat zone, then actual time served, though less than 14 days, is sufficient for purposes of property tax exemption or deduction and Herzegovina mothat zone also includes the airspace above those nations. **POPERTY OWNERSHIP	C. ☐Survivi ☐I have 1	ng spouse/domestic partner of se ot remarried/formed a new regis	rviceperson who died on vetered domestic partnership	vartime active duty in the o. ATTACH copy Military	United States Armed Forces; and y Notification of Death.
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***C.			& Herzegovina		
***Complete 6a only if partial owners of claimed property a. Name(s) of part owner(s) **Complete 6a only if partial owners of claimed property a. Name(s) of part owner(s) **Complete 6a only if caimed property is a Cooperative or Mutual Housing Co-Op/M.H. Corp. Street Address Municipality **Corp. Street Address Municipality **Corp. Street Address Municipality **Corp. Signature of Claimant			Mission		
***I.			11331011		
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J. Victnam Conflict December 31, 1960 - May 7, 1975 **K. Lebanon Crisis of 1958 July 1, 1958 - November 1, 1958 L. Grorean Conflict June 23, 1950 - January 31, 1955 L. World War II September 16, 1940 - December 31, 1946 N. World War II April 6, 1917 - November 11, 1918 N. World War I April 6, 1917 - November 11, 1918 N. World War I April 6, 1917 - November 11, 1918 Note 1 - Peacekceping Missions require a minimum of 14 days service in the actual combat zone, then actual time served, though less than 14 days, is sufficient for purposes of property tax exemption or deduction. I day requirement for Bosnia and Herzegovina may be met by service in one or both operations for 14 days continuously or in aggregate. For sonia and Herzegovina combat zone abso includes the airspace above those nations. **PROPERTY OWNERSHIP** II, the above named claimant, owned, wholly or in part on must be owned as of Cotober 1 of the pretax year, i.e., the year prior to the tax year for which deduction is claimed. For example, whe deduction is claimed for tax year 2004, ownership criterion must be met as of pretax year October 1, 2003. **Complete 6a only if partial owners of claimed property** Complete 6a only if claimed property is a Cooperative or Mutual Housing Corporation in which you're a Tenant-Shareholder. Octoplete 6a only if claimed property is a Cooperative or Mutual Housing Corporation in which you're a Tenant-Shareholder. Octoperation Name of Cooperative or Mutual Housing Corporation in which you're a Tenant-Shareholder. Octoperation Name of Cooperative or Mutual Housing Corporation in which you're a Tenant-Shareholder. Octoperation Name of Cooperative or Mutual Housing Corporation in which you're a Tenant-Shareholder. Octoperation Name of Cooperative or Mutual Housing Corporation in which you're a Tenant-Shareholder. Octoperation Name of Cooperative or Mutual Housing Corporation in which you're a Tenant-Shareholder. Octoperation Name of Cooperative or Mutual					
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NOTE - Peackeeping Missions require a minimum of 14 days service in the actual combat zone, ten actual time served, though less than 14 days, is sufficient for purposes of property tax exemption or deduction. If day requirement for Bosnia and Herzegovina may be met by service in one or both operations for 14 days continuously or in aggregate. For osnia and Herzegovina combat zone also includes the airspace above those nations. PROPERTY OWNERSHIP If the above named claimant, owned, wholly or in part on					
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*Complete 6a only if partial owners of claimed property ia. Name(s) of part owner(s) *Complete 6b only if claimed property is a Cooperative or Mutual Housing Corporation in which you're a Tenant-Shareholder. ib. Corporation Name of Cooperative or Mutual Housing Co-Op/M.H. Corp. Street Address Municipality State	.4 day requirement for It Bosnia and Herzegovina ************************************	Bosnia and Herzegovina may be combat zone also includes the a ***********************************	met by service in one or be irspace above those nation ************************************	oth operations for 14 days s. ********** (deed date) the tax year for which deduct	continuously or in aggregate. For ********* ne property above identified. Propertion is claimed. For example, where
*Complete 6b only if claimed property is a Cooperative or Mutual Housing Co-Op/M.H. Corp. Street Address				s of pretax year October 1	, 2003.
Municipality State Co-op Net Property Tax Amount for Unit Mutual Housing Corp. CITIZENSHIP & RESIDENCY (Complete A or B) A.			tive or Mutual Housing (
Net Property Tax Amount for Unit CITIZENSHIP & RESIDENCY (Complete A or B)	b. Corporation Name of	of Cooperative or Mutual Housin	g		
Net Property Tax Amount for Unit				Sta	ate
A.		nt for Unit	Mutual Housing Corp.		
B.		ESIDENCY (Complete A or B	·)		**************************************
Municipality Street Address Municipality Street Address Municipality Street Address Municipality Street Address Comparison of the same tax year except as indicated here: Street Address Municipality Street Address Municipality Street Address Municipality Street Address Comparison of Military and Veterans Affairs at (609) 530-6958 or (609) 530-6854 or US Veterans Administration at 1-800-827-1000. Street Address Coertify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified. Signature of Claimant Date Signature of Claimant Date ***********************************	B. □I, the a	pove claimant surviving spouse/o			
Street Address **********************************	□Mv dec	eased veteran or serviceperson s	spouse/domestic partner w	as a citizen and resident of	f New Jersey at death.
For assistance in documenting veterans' status, contact the NJ Department of Military and Veterans Affairs at (609) 530-6958 or (609) 530-6854 or US Veterans Administration at 1-800-827-1000. *********************************			Tax Deduction on any oth	er property for the same ta	ax year except as indicated here:
For assistance in documenting veterans' status, contact the NJ Department of Military and Veterans Affairs at (609) 530-6958 or (609) 530-6854 or US Veterans Administration at 1-800-827-1000. *********************************	Street A		******	******	
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**************************************	certify the above decla	rations are true to the best of my			
OFFICIAL USE ONLY - Block Lot Approved in amount of \$					

			Veteran or Services	person	
11000	ssessor/Collector			Date	

Form V S S rev December 2005