



# Veteran Income Tax Exemption Submission Form

**You Must Send a Copy of Your [Official Discharge Document](#) With This Form.**

## Personal Information

Name: \_\_\_\_\_  
*Last* *First*

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse Name: \_\_\_\_\_  
*Last* *First*

Spouse Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

## Signature

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Where to Send the Completed Form

- **Online**, use our secure document [upload](#) feature.  
Enter the notice code **VET** and select **PO Box 440**; *or*
- **Mail**, with a copy of your [discharge document](#) to:  
**The New Jersey Division of Taxation**  
**Veteran Exemption**  
**PO Box 440**  
**Trenton, NJ 08646-0440**; *or*
- **Fax** with a copy of your [discharge document](#) to: **609-633-8427**.