

# EMERGENCY RESPONDERS TAX CREDIT

THIS CERTIFIES FOR TAX YEAR 20\_\_ THAT

\_\_\_\_\_  
Emergency Responders Name (First, Middle, Last)\*

License Number (if applicable): \_\_\_\_\_

Has successfully completed 30 or more hours of training in their field for the calendar year to qualify for the Emergency Responders Tax Credit shown below.

Check appropriate box for qualifying credit.\*

- |                          |  |       |
|--------------------------|--|-------|
| <input type="checkbox"/> | Volunteer Firefighter                  | \$300 |
| <input type="checkbox"/> | Volunteer Firefighter II               | \$600 |
| <input type="checkbox"/> | Licensed EMT – Basic                   | \$300 |
| <input type="checkbox"/> | Licensed Advanced EMT or EMT Paramedic | \$600 |

Department Name:\* \_\_\_\_\_

Physical Address:\* \_\_\_\_\_

*Important: If your tax liability is less than your credit, you may only utilize the amount of credit that reduces your tax liability to zero. The tax credit is not refundable, not transferable, and may not be carried forward.*

*\*Indicates required field.*

\_\_\_\_\_  
Head of Department Signature\*

\_\_\_\_\_  
Signature Date\*



\_\_\_\_\_  
Emergency Responder Signature\*

\_\_\_\_\_  
Signature Date\*