

This certificate, once completed, must be submitted through My Alabama Taxes (MAT) for Department approval.  
Certificates mailed or attached to the tax return will not be accepted and may delay credit processing.

# VOLUNTEER EMERGENCY RESPONDERS TAX CREDIT

Pursuant to §40-18-480 et seq., 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.

THIS CERTIFIES THAT FOR TAX YEAR 20\_\_\_\_

\_\_\_\_\_  
Emergency Responder's Name (First, Middle, Last)

License or Certificate Number: \_\_\_\_\_

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.

(Check only one box per certificate)

- |                          |  |       |
|--------------------------|--|-------|
| <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 |

Certifying Agency: \_\_\_\_\_  
(Volunteer or Combination Fire Department or Organized Rescue Squad)

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

**I, as the certifying supervisor, certify that the emergency responder named on this certificate is an active member of  
the certifying agency listed and has completed the required training hours as specified by Act 2022-298.**

\_\_\_\_\_  
Certifying Supervisor Signature

\_\_\_\_\_  
Certifying Supervisor Name

\_\_\_\_\_  
Title

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



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

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