## VFTC-1 REV08/2023

## WEST VIRGINIA VOLUNTEER FIREFIGHTER TAX CREDIT

West Virginia Tax Division

(FOR PERIODS ON OR AFTER JANUARY 1, 2023)

FOR MARRIED JOINT FILERS, IF BOTH PRIME AND SPOUSE ARE VOLUNTEER FIREFIGHTERS, COMPLETE THIS FORM FOR EACH. FILE WITH YOUR IT-140

SECTION A: FIREFIGHTER IDENTIFICATION									
1	SSN								
2	FIRST NAME								
	LAST NAME								
	BEGINNING	TAX PERIOD							
3					ENDING				
		MM	DD	YYYY		MM	DD	YYYY	
SECTION B: CERTIFICATION FROM THE CHIEF OF THE VOLUNTEER FIRE DEPARTMENT									
4	RANK OF VOLUNTEER								
5	YEARS OF SEF	YEARS OF SERVICE							
6		MBER OF EMERGENCY SITUATIONS TO WHICH THE VOLUNTEER TER RESPONDED IN THE YEAR OF ACTIVE MEMBERSHIP							
7		NUMBER OF EMERGENCY SITUATIONS TO WHICH THE FIRE DEPARTMENT ONDED IN THE YEAR OF ACTIVE MEMBERSHIP							
8		THE NUMBER OF MEETINGS OR TRAINING ATTENDED BY THE VOLUNTEER FIREFIGHTER IN THE YEAR OF ACTIVE MEMBERSHIP.							
9		HE NUMBER OF MEETINGS AND TRAININGS HELD BY THE FIRE DEPARTMENT IN HE YEAR OF ACTIVE MEMBERSHIP.							
<ul> <li>Under penalty of perjury, I declare that the above named is</li> <li>A volunteer firefighter who has been an active member in good standing of the volunteer fire department for the entire year; or has been an active member in good standing of the volunteer fire department and another volunteer fire department of this state for the entire year; and</li> <li>Has participated as an active member as defined in §11-13JJ-3 of this code on-site at least 30 percent of the volunteer fire department activities during the year; and</li> <li>Has met or exceeded all certification and training for active member firefighters required under the laws of this state.</li> </ul>									
	SIGNATURE OF CHIEF OF THE VOLUNTEER FIRE DEPARTMENT				NAME OF CHIEF (PRINT OR TYPE)			DATE	
	ADDRESS OF F	FIRE DEPARTMEN	NT LOCATION IN \	WEST VIRGINIA	CITY		STATE	ZIP	
SECTION C: TAXPAYER SIGNATURE									
Under penalty of perjury, I declare that I have examined this form and to the best of my knowledge and belief, it is true, correct and complete.									
SIG	NATURE OF TAX	PAYER		NAME OF TAXPAYER (PRIN	T OR TYPE)		TITLE	DATE	