

**WEST VIRGINIA VOLUNTEER FIREFIGHTER
TAX CREDIT**

(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						
TAX PERIOD							
3	BEGINNING				ENDING		
		MM	DD	YYYY		MM	DD

SECTION B: CERTIFICATION FROM THE CHIEF OF THE VOLUNTEER FIRE DEPARTMENT			
4	RANK OF VOLUNTEER		
5	YEARS OF SERVICE		
6	THE NUMBER OF EMERGENCY SITUATIONS TO WHICH THE VOLUNTEER FIREFIGHTER RESPONDED IN THE YEAR OF ACTIVE MEMBERSHIP		
7	THE NUMBER OF MEETINGS, FUNDRAISING ACTIVITIES, OR TRAINING ATTENDED BY THE VOLUNTEER FIREFIGHTER IN THE YEAR OF ACTIVE MEMBERSHIP.		A. TOTAL ACTIVITY BY VOLUNTEER. SUM OF LINES 6, 7, AND 8.
8	FIRE DEPARTMENT MANAGEMENT		A
9	THE NUMBER OF EMERGENCY SITUATIONS TO WHICH THE FIRE DEPARTMENT RESPONDED IN THE YEAR OF ACTIVE MEMBERSHIP		B. TOTAL ACTIVITY BY DEPARTMENT SUM OF LINES 9 AND 10.
10	THE NUMBER OF MEETINGS, FUNDRAISING ACTIVITIES, AND TRAININGS HELD BY THE FIRE DEPARTMENT IN THE YEAR OF ACTIVE MEMBERSHIP.		B
11	TOTAL PERCENTAGE OF ACTIVITY. DIVIDE A BY B. WRITE AS A DECIMAL UP TO 6 DIGITS. IF LESS THAN .3 OR 30% YOU DO NOT QUALIFY		

12 *Under penalty of perjury, I declare that the above named is*

- *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*
- *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*
- *Has met or exceeded all certification and training for active member firefighters required under the laws of this state.*

SIGNATURE OF CHIEF OF THE VOLUNTEER FIRE DEPARTMENT NAME OF CHIEF (PRINT OR TYPE) DATE

ADDRESS OF FIRE DEPARTMENT LOCATION IN WEST VIRGINIA CITY STATE ZIP

SECTION C: TAXPAYER SIGNATURE			
<i>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.</i>			
_____ SIGNATURE OF TAXPAYER	_____ NAME OF TAXPAYER (PRINT OR TYPE)	_____ TITLE	_____ DATE