



# Employer Support for Volunteer Firefighters and Volunteer Municipal Emergency Medical Services Persons Credit Worksheet for Tax Year 2024

**36 M.R.S. § 5217-F**

Enclose with Form 1040ME, Form 1040C-ME, Form 1041ME, or Form 1120ME.

Taxpayer Name: \_\_\_\_\_ EIN/SSN: \_\_\_\_\_

**Note:** In the case of pass-through entities (such as partnerships, LLCs, S corporations, and trusts) eligible for the credit, the partners, members, shareholders, beneficiaries, or other owners are allowed a credit in proportion to their respective interests in these entities. Enter name and ID number of the entity on the lines below. Also enter your ownership percentage in the pass-through entity for the tax year. Enclose a copy of the federal Schedule K-1 issued to you by the pass-through entity.

Name of Pass-through Entity	EIN/SSN	Ownership Percentage
_____	_____	_____ %

Complete the table below for each employee who during 2024:

- 1) was an active member of a volunteer fire association officially recognized by a Maine municipality or a volunteer municipal emergency medical services person;
- 2) responded to fire calls or emergency medical services calls during work hours when the employee was scheduled to work; and
- 3) was paid at their regular rate of pay while away from work due to firefighting or emergency response responsibilities.

	A. Name and social security number (SSN) of employee* <small>(employee who is a volunteer firefighter or a volunteer municipal emergency medical services person)</small>	B. Name of Volunteer Fire Association or Municipality of Volunteer Emergency Medical Services Person	C. # of Work Hours during which employee performed volunteer work	D. Employee's Regular Rate of Pay	E. Compensation Eligible for Credit <small>(for each line, multiply Column C by Column D)</small>
<b>1.</b>	Name:				
	SSN:				
<b>2.</b>	Name:				
	SSN:				
<b>3.</b>	Name:				
	SSN:				
<b>4.</b>	Name:				
	SSN:				
<b>5.</b>	Name:				
	SSN:				
<b>6.</b>	<b>Total compensation eligible for credit</b> (add the amounts in Column E). Enter here and on line 16 of the Form 1040ME, Schedule A, Lines 7 and 19 Other Tax Credit Worksheet; Form 1040C-ME, Schedule A, line 10; Form 1041ME, Schedule A, line 16; or Form 1120ME, Schedule C, line 1i, whichever applies.				

\* If necessary, attach additional Worksheet(s) to list all eligible employee volunteers.

**Note:** MRS may request additional information supporting the credit claimed before the return can be processed.

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## Instructions

The Employer Support for Volunteer Firefighters and Volunteer Municipal Emergency Medical Services Persons Credit is available to employers who permit employees who are volunteer firefighters or volunteer municipal emergency medical services persons to be absent from work for firefighting or emergency response activities without a reduction in pay. The credit is equal to the compensation that is paid to the employee at the employee's regular rate of pay while the employee is away from work due to firefighting or emergency response responsibilities during the tax year. The credit may not exceed the tax liability of the taxpayer.

To claim this credit, the employer must obtain from each eligible employee verification, including a signed statement from the chief or person otherwise in charge, of the municipal volunteer fire or emergency response association that includes:

- 1) the date and time of the emergency response occurring during regularly scheduled work hours;
- 2) a statement, or duty roster, that the employee was an active member of the volunteer fire association at that time;  
and
- 3) that the volunteer received no compensation for performance of the emergency response activities.

**Copies of the verification obtained must be attached to this worksheet.**

For purposes of this credit:

A **volunteer firefighter** is an active member of a volunteer fire association who receives no compensation from the municipality other than injury and death benefits.

A **volunteer municipal emergency medical services person** is a person who routinely provides emergency medical treatment to the sick or injured and responds to emergency medical services calls from a municipality and receives no compensation from the municipality other than injury and death benefits.

**Work hours during which the employee performed volunteer work** means the hours during the tax year when the volunteer firefighter or volunteer municipal emergency medical services person was away from work, during hours the employee is regularly scheduled to work, due to firefighting or municipal emergency response responsibilities.

**Compensation eligible for the credit** is equal to the wages paid to an employee at the employee's regular rate of pay during the tax year when the employee was away from work due to volunteer fire fighting or emergency response responsibilities.