# 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 | |

### TAX PERIOD

| 3 | BEGINNING | | | | 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 SERVICE | |
| 6 | THE NUMBER OF EMERGENCY SITUATIONS TO WHICH THE VOLUNTEER FIREFIGHTER RESPONDED IN THE YEAR OF ACTIVE MEMBERSHIP | |
| 7 | THE NUMBER OF EMERGENCY SITUATIONS TO WHICH THE FIRE DEPARTMENT RESPONDED 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 | THE NUMBER OF MEETINGS AND TRAININGS HELD BY THE FIRE DEPARTMENT IN THE YEAR OF ACTIVE MEMBERSHIP. | |

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*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

*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.*

_____   _____   _____   _____
SIGNATURE OF TAXPAYER   NAME OF TAXPAYER (PRINT OR TYPE)   TITLE   DATE

IF YOU HAVE ANY QUESTIONS OR NEED FURTHER INFORMATION REGARDING THIS FORM,
TELEPHONE (304) 558-3333, OR TOLL FREE TO 1-800-WVA-TAXS (1-800-982-8297).