



Claim for Volunteer Firefighters' and Ambulance Workers' Credit

Tax Law – Section 606(e-1)

IT-245

Submit this form with Form IT-201.

Part 1: Enter identifying information

| | |
|------------------------------|---------------------------------|
| Your name as shown on return | Your Social Security number |
| Spouse's name | Spouse's Social Security number |

Part 2: Determine eligibility (for lines 1 through 3, mark an **X** in the appropriate box)

- 1 Were you (and your spouse if filing a joint return) a New York State resident for all of this tax year? **1** Yes ☐ No ☐
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- 2 Were you an active volunteer firefighter or ambulance worker for all of this tax year who **did not** receive a real property tax exemption for these services (see instructions)? **2** Yes ☐ No ☐
If your filing status is *Married filing joint return*, continue with line 3.
For any other filing status:
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
If you marked an **X** in the **Yes** box, continue with Part 3.
- 3 If your filing status is *Married filing joint return*, was your spouse an active volunteer firefighter or ambulance worker for all of this tax year who **did not** receive a real property tax exemption for these services (see instructions)? **3** Yes ☐ No ☐
If you marked an **X** in the **No** box at **both** lines 2 and 3, **stop**; you do not qualify for this credit.

Part 3: Enter qualifying information (see instructions)

| Name of qualifying volunteer | Volunteer fire company/department or ambulance company | Address of volunteer fire company/department or ambulance company |
|------------------------------|--|---|
| | | |
| | | |

Part 4: Determine credit amount

- 4 If you marked an **X** in the **Yes** box at **either** line 2 **or** line 3, but not both enter **200**.
If you marked an **X** in the **Yes** box at **both** lines 2 and 3, enter **400** **4** **.00**
Enter the line 4 amount and code **354** on Form IT-201-ATT, line 12.

