



Department of Taxation and Finance

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.

