

# Form 1B: for the \$400.00 credit

## Oklahoma Volunteer Firefighter Tax Credit

### supporting documentation

# 2009

Is this your **FIRST** year to be approved and use this tax credit? State law requires ALL first-time participants to do the **\$200 Tax Credit** for their first year. Only **repeat** participants meeting all requirements for the 1-B should use this form. If you have previously been approved but are unsure if you meet the training requirements of this form please call us at (405) 601-8862 with any questions.

Recognizing the importance of volunteer firefighters and the challenges they face, Title 68 O.S. Section 2358.7 provides the opportunity to receive a tax credit for firefighter training.

Birth Date ▶ 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| □ | □ | □ | □ | □ | □ | □ | □ |

### Your Information:

Print first name and middle initial last name

For **more information**, see instructions available at [www.COFT-Oklahoma.org](http://www.COFT-Oklahoma.org) or call us at **(405) 601-8862**.

Mailing Address (Number and street, including apartment number or rural route)

Please enter \$400 on the applicable line for Firefighter Tax Training Credit on the 2009 Form 511CR on your Oklahoma state tax return. Then, transfer the totals of your tax credits to the applicable line for Other Credits on the 2009 Form 511.

City, State, Zip

Under penalties of perjury, I declare the information presented here is true and correct, to the best of my knowledge.

Daytime phone, with area code  
( ) ( )

Evening phone, with area code  
( ) ( )

In accordance with the Privacy Act, I hereby give my permission for my information showing eligibility to be sent to OSU-Fire Service Training and COFT.

Your e-mail address

Date Signature of Volunteer Firefighter

**Training:** If you have completed FF1 or Higher Equivalent you can disregard completing this next section.

### Departmental Affiliation(s):

Currently serving as a volunteer firefighter with:

**1. General Training Requirements: 6 hours** need to be listed. Please attach COPIES of relevant training.

County:

City & Zip:

If your training is listed on an **Attachment S**, please check box.

Organizational address:

\_\_\_\_\_ hours Course Title: \_\_\_\_\_  
\_\_\_\_\_ hours Training Provider: \_\_\_\_\_

Fire Chief Daytime Phone Number:  
( ) ( )

Fire Chief Cell Phone Number:  
( ) ( )

\_\_\_\_\_ hours Year: \_\_\_\_\_

Fire Chief or Fire Department's E-mail Address:

\_\_\_\_\_ hours Course Title: \_\_\_\_\_

List any other Fire Departments under which your training records may be listed.

Department Name(s): \_\_\_\_\_

\_\_\_\_\_ hours Training Provider: \_\_\_\_\_

\_\_\_\_\_ hours Year: \_\_\_\_\_

### Training Summary:

- I am working towards my FF1.

- I have completed FF1 or Higher Equivalent. **Please attach certificates.**

\_\_\_\_\_ hours Course Title: \_\_\_\_\_

\_\_\_\_\_ hours Training Provider: \_\_\_\_\_

Total Year: \_\_\_\_\_

After completing please have your Fire Chief sign below. The volunteer firefighter whose name is shown above is a member in good standing of our department and has complied with local, state, and federal mandates including Fit Testing, CBRNE, WMD, and NIMS training for 2009.

OSU- Fire Service Training verifies that the eligible training shown above was completed by the applicant.

Date Signature of Fire Chief

Date Authorized signature for OSU-FST

Name of the Fire Chief, printed

COFT certifies that this volunteer firefighter is eligible for a training tax incentive in the amount of \$400 for tax year 2009.

Date Authorized signature for COFT

Make a copy for yourself and your departments files, then mail the original to:

**COFT (Council on Firefighter Training)**  
2716 NE 50th Street  
Oklahoma City, OK 73111

We recommend you enclose the original of this approved document to the Oklahoma State Tax Commission:

(405) 521-3160 **OK Tax Commission**  
PO Box 26800  
Oklahoma City, OK 73126-0800

Social Security # 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
|---|---|---|---|---|---|---|---|---|---|

**AFTER receiving your approved credit from COFT, please enter your Social Security Number before mailing to the Oklahoma Tax Commission.**

Print Or Type

Please make a copy of the approved form for your records.

For Volunteer Firefighter use only.