

CHARLES COUNTY GOVERNMENT
Department of Fiscal & Administrative Services

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#### **CHARLES COUNTY MARYLAND**

TREASURY DIVISION P.O. BOX 2607 LA PLATA, MD 20646

### Application for Surviving Spouse Tax Credit

#### **INSTRUCTIONS**

## This form is to be used when taxpayer requests an approval through the County Commissioners of Charles County, Maryland. *Application must be submitted annually by May 1 to receive credit.*

Applicant listed below must be the surviving spouse of the following:

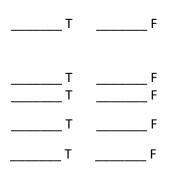
- 1) Law Enforcement Officer/Correctional Officer
- 2) Rescue Worker

#### SECTION 1 (This section is to be completed by the applicant)

Date of Application:	Property Number:
Applicant's Name (Surviving Spouse):	
Property Address:	
Name of Fallen Law Enforcement Officer or Rescue Worker:	
Agency/Department of Fallen Law Enforcement Officer or Rescue Worker:	
Date of Death:	
Did death occur as a result of, or in the course of, employment as a law enforcer Yes No	nent officer or rescue worker?

Has the surviving Spouse of the fallen law enforcement officer or rescue worker remarried? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### PLEASE INDICATE WHICH OF THE FOLLOWING IS TRUE OR FALSE



- 1. The property was owned by fallen law enforcement officer or rescue worker at the time of the law enforcement officer's or rescue worker's death.
- 2. The fallen law enforcement officer or rescue worker was domiciled in the State of Maryland as of the date of death AND the property was acquired by the surviving spouse within two (2) years of the date of death.
- 3. The property is the legal (principal) residence of the surviving spouse.
- 4. The property is occupied by more than 2 families.
- 5. The property was acquired after the surviving spouse qualified for the credit for a former property under item 1 or 2 above.
- If #5 is TRUE, please provide the property tax account number of former property\_\_\_\_\_

I hereby certify under oath and affirmation, subject to the penalties provided by law, that the information and responses in this application are true and correct to the best of my knowledge, information and belief.

SIGNATURE OF SURVIVING SPOUSE

APPLICATION DATE

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#### SECTION 2 (Do not complete if this application is a renewal)

Please check and attach the following:

Death certificate of deceased. Notarized Affidavit of Eligibility that has been completed by the Chief of Law Enforcement, Fire, Rescue, or Emergency Medical Service.

\_\_\_\_\_ Marriage Certificate

# SECTION 3 (To be completed by Chief of Treasury and Director of Fiscal & Administrative Services)

TO: Chief of Treasury

#### **APPROVAL OF APPLICATION**

Charles County, Maryland	Date	20		
The facts set forth in the above ap certify that the applicant is entitled to a	•	•	•	ereby ).
(Title of County Official)	(Sigr	(Signature of County Official)		
The application submitted by		has been denied fo	or the reason listed l	below:
	AUTHORIZATION	FOR CREDIT		
TO: Fiscal and Administrative Services				
Authorization Number	Date	20		
Pursuant to the foregoing applicatio approved.	n and approval thereof,	please issue a credit of the	above application a	IS

**Director of Fiscal & Administrative Services** 

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