

**REPORT FOR \_\_\_\_\_ TAXABLE YEAR**

**LIST OF QUALIFIED INDIVIDUALS ELIGIBLE TO APPLY FOR  
THE POLICE AUXILIARY OR RESERVE VOLUNTEER PROGRAM  
INCOME TAX SUBTRACTION MODIFICATION UNDER  
TAX-GENERAL ARTICLE § 10-208, ANNOTATED CODE OF MARYLAND**

DATE: \_\_\_\_\_

TO:                      Police and Correctional Training Commissions                      Office of the Maryland State Comptroller  
                                 Office of the Deputy Director                                      Revenue Administration Division  
                                 6852 Fourth Street    110 Carroll Street, Room 102  
                                 Sykesville, Maryland 21784    Annapolis, Maryland 21411

**CERTIFICATION FOR LIST OF QUALIFIED INDIVIDUALS**

\_\_\_\_\_  
(Name of Agency's Police Auxiliary or Reserve Volunteer Program)

The undersigned authorized official of the agency certifies that the individuals listed in the following table are qualified to apply for the police auxiliary or reserve volunteer program Maryland income tax subtraction modification under Tax-General Article, § 10-208 and COMAR 12.04.07 on the basis that:

- The program is approved by the Police Training Commission;
- The program meets the requirements of Tax-General Article, § 10-208 and COMAR 12.04.07;
- Each listed individual met the agency's requirements for participation in the program and were approved by the agency to participate in the program;
- Each listed individual met the prior service requirement of Tax-General Article, § 10-208, by having been an active member for at least 72 months during the last 10 calendar years; and
- Each listed individual met the minimum requirements under Tax-General Article, § 10-208 and COMAR 12.04.07 for "active status" in the program during the taxable year, each individual having provided a minimum of 144 hours of volunteer service to the program for which the individual did not receive compensation.

\_\_\_\_\_  
Agency Official's Printed Name

\_\_\_\_\_  
Agency Official's Printed Title

\_\_\_\_\_  
Agency Official's Signature

\_\_\_\_\_  
Date

**TABLE LISTING QUALIFIED INDIVIDUALS**

<b>Individual's Name</b>	<b>Address</b>	<b>Social Security Number</b>	<b>Volunteer Hours Performed</b>

