

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 enforcement officer or rescue worker? (Circle One) **YES / NO**

Has the surviving spouse of the fallen law enforcement officer or rescue worker remarried? (Circle One) **YES / NO**

PLEASE INDICATE WHICH OF THE FOLLOWING IS TRUE OR FALSE

Circle One

- T F** 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.
- T F** 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.
- T F** 3. The property is the legal (principal) residence of the surviving spouse.
- T F** 4. The property is occupied by more than 2 families.
- T F** 5. The property was acquired after the surviving spouse qualified for the credit for a former property under item 1 or 2 above.
- T F** 6. If 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

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 application have been reviewed and verified by the Chief of Treasury, I hereby certify that the applicant is entitled to a credit in the amount of _____ dollars, (\$ _____).

(Title of County Official)

(Signature of County Official)

The application submitted by _____ has been denied for the reason listed below:

AUTHORIZATION FOR CREDIT

TO: Fiscal and Administrative Services

Authorization Number _____ Date _____ 20 _____

Pursuant to the foregoing application and approval thereof, please issue a credit of the above application as approved.

Deborah E. Hudson, CPA
Director of Fiscal & Administrative Services