Tax Year

Form 302 Page ___ of ___

Fire Department VIP Reporting Form
South Carolina State Firefighters' Association

FD Name_____ **FDID#** _____

County_____ **FD Contact Name** _____

Contact Daytime Phone _____**E-Mail Address** _____

(Please Print)

I, _____, Fire Chief of the above listed Fire Department do hereby certify that the following volunteer firefighters have met the requirements identified in S.C. Code of Laws 23-9-190 and have obtained a minimum of 70 points and are therefore eligible for the tax deduction as prescribed by law.

_____ _____

Signature of Fire Chief **Date**

Firefighter Name	Date of Birth	Social Security	Number of Points

Please Return by January 31st to:

S.C. State Firefighters' Association
P.O. Box 211725
Columbia, S.C. 29221
(Phone) 803-454-1800 (Toll Free) 800-277-2732 (Fax) 803-454-1801