



QUEEN ANNE'S COUNTY
DEPARTMENT OF BUDGET AND FINANCE
Treasury Division
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ANNUAL PROPERTY TAX CREDIT ELIGIBILITY CERTIFICATION
FOR FALLEN EMERGENCY WORKER
TAX YEAR 2022: July 1, 2021 – June 30, 2022

This Tax Credit Eligibility Certification is made this ___ day of _____, _____ by _____, the surviving spouse of _____, a Fallen Emergency Worker as defined in the Queen Anne's County Code, Section 5-10.2, who died in the line of duty on _____ and is made for the purpose of claiming and continuing those tax credits against Queen Anne's County real property tax that would otherwise be imposed on the following described property, as permitted by Queen Anne's County Code, Section 5-10.2.

This Certification is given with respect to the following property located in Queen Anne's County, Maryland, at _____, property tax ID _____:

- ___ This property was owned by the Fallen Emergency Worker at the time of death; or
- ___ The Fallen Emergency Worker or the surviving spouse was domiciled in the state as of the Fallen Emergency Worker's death and the dwelling was acquired by the surviving spouse within ten years of the Fallen Emergency Worker's death; or
- ___ The dwelling was acquired after the surviving spouse qualified for a credit for a former dwelling under subsection (1) or (2) of the Queen Anne's County Code 5-10.2 (B)

I hereby certify, under penalties of perjury, with respect to the above property that:

- ___ The property is the legal residence of the surviving spouse who has not remarried; and
- ___ The property is occupied by not more than two families.

NOTE: Credits will be pro-rated to date of disqualification

MUST BE COMPLETED AND RETURNED PRIOR TO SEPTEMBER 1 OF THE TAXABLE YEAR FOR WHICH THE CREDIT IS REQUESTED.

In witness to the above certification, my notarized signature is set forth below.

By: _____
Name: _____
Date: _____

STATE OF MARYLAND, COUNTY OF _____, to wit:

I HEREBY CERTIFY that on this ___ day of ____, _____, before me a Notary Public in and for the State aforesaid, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that the above certification is true and correct and that he/she executed the same under penalties of perjury for the purposes therein contained.

AS WITNESS my hand and notarial seal.

Notary Public

My Commission Expires: _____