

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Tax Credit Attestation: Volunteer Retired Psychiatrist

APPLICANT INFORMATION

Full Legal Name: _____
*First**Middle**Last*

All Previous Legal Names: _____

DOPL License Number: _____

Profession: _____

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

*City**State**ZIP Code*

Phone: _____ Email: _____

TAX CREDIT QUALIFICATIONS

I meet the requirements to obtain this tax credit certificate as follows:

1. During the calendar year claimed on this application, I qualified as a **“volunteer retired psychiatrist”** as a:
(please select one)

Psychiatrist:

In order to qualify for this credit, you must be:

- Licensed in Utah as a PHYSICIAN (under the Utah Medical Practice Act, Interstate Medical Licensure Compact, or Utah Osteopathic Medical Practice Act);
- BOARD ELIGIBLE, or BOARD CERTIFIED, for a psychiatry specialization recognized by the American Board of Medical Specialties (ABMS), or the American Osteopathic Association’s Bureau of Osteopathic Specialists (BOS); and
- During the calendar year, I provided licensed services and did not receive any payment for providing licensed services.

Retired Volunteer Health Care Practitioner:

In order to qualify for this credit you must be:

- Licensed in Utah as a retired volunteer health care practitioner (*Physician or Osteopathic Physician*);
- Currently, or previously, board certified in a psychiatry specialization recognized by the American Board of Medical Specialties (AMBS), or the American Osteopathic Association’s Bureau of Osteopathic Specialists (BOS); and
- During the calendar year, I provided licensed services and did not receive any payment for providing licensed services.

2. During the calendar year claimed on this application, I provided at least 300 hours of licensed services to one or more individuals in the following populations, without receiving payment, as described in Utah Code Ann §58-1-111 (5)(c): *(please check all applicable boxes)*:

- Homeless
- Veteran
- Native American Indian
- Individual(s) located in the county of the third, fourth, fifth, or sixth class, as designated in Utah Code Ann. §17-50-501. *(check all applicable counties on the following page)*:

Third class counties (2015) (population 31, 000 – 124,999)

- | | | |
|---|--|--|
| <input type="checkbox"/> Box Elder (52,097) | <input type="checkbox"/> Iron (48,368) | <input type="checkbox"/> Tooele (62,952) |
| <input type="checkbox"/> Cache (120,783) | <input type="checkbox"/> Summit (39,633) | <input type="checkbox"/> Uintah (37,928) |

Fourth class counties (2015) (population 11,000 – 30,999)

- | | | |
|--|--|---|
| <input type="checkbox"/> Carbon (20,479) | <input type="checkbox"/> Morgan (11,065) | <input type="checkbox"/> Sevier (20,984) |
| <input type="checkbox"/> Duchesne (20,862) | <input type="checkbox"/> San Juan (15,772) | <input type="checkbox"/> Wasatch (20,161) |
| <input type="checkbox"/> Millard (12,645) | <input type="checkbox"/> Sanpete (15,772) | |

Fifth class counties (2015) (population 4,000 – 10,999)

- | | | |
|---|---|--|
| <input type="checkbox"/> Beaver (6,354) | <input type="checkbox"/> Garfield (5,009) | <input type="checkbox"/> Juab (10,594) |
| <input type="checkbox"/> Emery (10,370) | <input type="checkbox"/> Grand (9,516) | <input type="checkbox"/> Kane (7,131) |

Sixth class counties (2015) (Population less than 4,000)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Daggett (1,109) | <input type="checkbox"/> Rich (2,311) | <input type="checkbox"/> Wayne (2,692) |
| <input type="checkbox"/> Piute (1,517) | | |

TAX CREDIT LIMIT

I am requesting the tax credit certificate for tax year: _____.

Have you received this tax credit for any previous years? YES NO

If yes, please provide the year(s): _____

Note: An applicant may claim this tax credit for no more than 10 taxable years.

ATTESTATION

I have read and understand the statute for this tax credit certificate, Utah Code Ann. § 58-1-111(5). I understand that this Utah income tax credit is available only to a "volunteer retired psychiatrist" who during the calendar year did not receive payment for providing licensed services, and provided at least 300 hours of "licensed services" to homeless persons, to veterans, or to certain underserved populations.

Under penalty of perjury, I attest that the information I present herein is true and accurate to the best of my knowledge and understanding.

I understand that providing false representations to the Division would constitute "unprofessional conduct" under Utah Code Ann. § 58-1-501(2), and may result in license sanctions, up to and including termination of my license.

I agree to furnish any additional documentation that may be required by the Division to verify my representations.

Signature of Applicant	Date
X _____	X _____

FOR DIVISION USE ONLY

Based on the above representations and attestation to the Utah Division of Occupational & Professional Licensing, the Division finds that the applicant licensee has met the requirements of Utah Code Ann. § 59-10-1111(4). The Division shall provide a copy of this tax credit certificate issued herein to the applicant licensee and to the Utah State Tax Commission.

DIVISION APPROVAL:

PRESIDING OFFICER

DATE

(SEAL)