Tax Credit Attestation: Volunteer Retired Psychiatrist

APPLICANT INFORMATION

Full Legal Name: _____ _____ _____

First *Middle* *Last*

All Previous Legal Names: _____

DOPL License Number: _____Initial License Date: _____

Profession: _____Psychiatric Certification Date: _____

Address: _____

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

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Note: All Division notices and communication will be sent to this 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 (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); and

      • 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.

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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 §17-50-501. (check all applicable counties below):

A county with a population of 40,000 or more but less than 175,000 is a county of the **third class**.	A county with a population of 11,000 or more but less than 40,000 is a county of the **fourth class**.	A county with a population of 4,000 or more but less than 11,000 is a county of the **fifth class**.	A county with a population less than 4,000 is a county of the **sixth class**.
☐ Cache (141,700)	☐ Wasatch (37,934)	☐ Emery (10,035)	☐ Rich (2,725)
☐ Tooele (79,409)	☐ Uintah (36,528)	☐ Grand (9,840)	☐ Wayne (2,523)
☐ Iron (66,044)	☐ Sanpete (30,346)	☐ Kane (8,387)	☐ Piute (1,565)
☐ Box Elder (61,250)	☐ Sevier (22,164)	☐ Beaver (7,314)	☐ Daggett (998)
☐ Summit (43,492)	☐ Carbon (20,655)	☐ Garfield (5,141)	
	☐ Duchesne (20,112)		
	☐ San Juan (14,956)		
	☐ Millard (13,484)		
	☐ Morgan (13,059)		
	☐ Juab (12,766)		

Population Source: State and County Population Estimates for Utah: 2023

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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 § 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 <u>did not receive payment for providing licensed services</u>, and provided <u>at least 300 hours of "licensed services"</u> 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 § 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.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____   Date: _____

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 § 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)

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