QUALIFIED MEMBERS

Maryland State Income Tax Subtraction Modification
Organization Points System Report

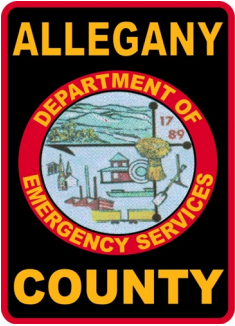Organization Name: _____

Income Tax Year: _____

#	Last Name	First Name	MI	Social Security Number	Years of Service	Points Earned
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Points Coordinator _____ / _____
                         Printed Name   Signature

Chief / President _____ / _____
                         Printed Name   Signature

QUALIFIED MEMBERS

Maryland State Income Tax Subtraction Modification
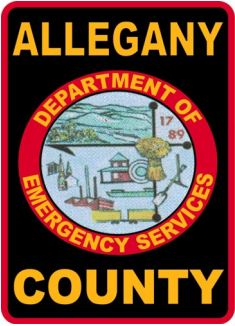## Organization Points System Report

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Points Coordinator _____ / _____
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QUALIFIED MEMBERS

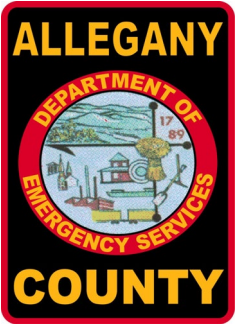Maryland State Income Tax Subtraction Modification
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QUALIFIED MEMBERS

Maryland State Income Tax Subtraction Modification
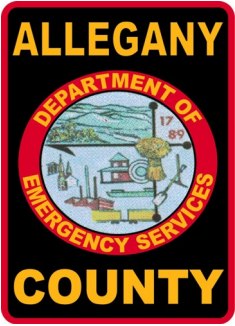Organization Points System Report

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Points Coordinator _____ / _____
                        Printed Name   Signature

Chief / President _____ / _____
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NON-QUALIFIED MEMBERS

Maryland State Income Tax Subtraction Modification
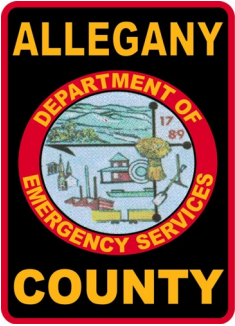Organization Points System Report

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Points Coordinator _____ / _____
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NON-QUALIFIED MEMBERS

Maryland State Income Tax Subtraction Modification
Organization Points System Report

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Points Coordinator _____ / _____
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