8383		VOID	CORR	REC	TED		_		
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number			or	Payments received for qualified tuition and related expenses	OMB No. 1545-1574		Tuition Statement		
						Form 1098-T			
FILER'S employer identification no. STUDENT'S TIN				_ ;	3 Check if you have changed your reporting method for 20			Copy A	
				┚┃				For	
STUDENT'S name			Í	4 Adjustments made for a prior year	5 Scholarships or grad	nts	Internal Revenue Service Center		
				-	\$	\$		File with Form 1096.	
Street address (including apt. no.)					6 Adjustments to scholarships or grants for a prior year	7 Check this box if the amount in box 1 includes amounts for		For Privacy Act and Paperwork Reduction	
City or town, state or province, country, and ZIP or foreign postal code					\$ \$	an academic period beginning January – March 2019			
Service Provider/Acct. No. (see instr.)		8 Check if at	least	- 19	9 Check if a graduate	10 Ins. contract reimb.	/refund	Certain Information	
		half-time st	udent [student	\$		Returns.	
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