

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

STUDENTS WITH DISABILITIES TUITION TAX CREDIT VERIFICATION

Tax year:

Part I: Taxnaver Information

Part I. Taxpayer information				
Name:			SSN:	
City:	State:	ZIP:	Phone:	
Part II: Student Information				
Name:			SSN:	
Address:				
City:	State:	ZIP:	Phone:	
	at the institution of attendan n one institution in the tax y be completed for each inst	ice must complete th year: itution attended.	is section. at each institution attended.	
Name:		Title:		
Name of office or department:				
I verify that Rehabilitation Act of 1973 as a student was unable to success	was certified und student with a disability p sfully complete 30 credit approved to enroll in few	er the Americans wi prior to each semes t hours, or credit h	th Disabilities Act and Section 504 of the ter of enrollment. I have determined this nour equivalents, this year. As a result ours, or credit hour equivalents, during the	
Disability services provider signature			Date	
	ments for the Tuition Tax C I certify that the above	disability services	ordance with Section 2, Article 25, Chapte provider has determined the credit hou ity.	
Student signature			Date	
Parent or legal guardian signature			Date	

If you file by paper, attach this form to your I-319, Tuition Tax Credit, and submit to the SCDOR along with your SC1040, Individual Income Tax Return. If you file electronically, keep a copy with your tax records.