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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

STUDENTS WITH DISABILITIES TUITION TAX CREDIT VERIFICATION

CHE-400 (Rev. 7/21/20) 9105

Tax year:				
Part I: Taxpayer Information				
Name:			SSN:	
Address:				
City:	State:	ZIP:	Phone:	
Part II: Student Information				
Name:			SSN:	
A dalma a a .				
· · · · · · · · · · · · · · · · · · ·			Phone:	
South Carolina institution of attendan				
Part III: Authorized disability service The disability services provider at the If the student attended more than one • A verification form must be co • The verification form must be	e institution of attendan e institution in the tax y ompleted for each inst	ce must complete the vear: itution attended.		
Name:		Title:		
Institution:				
Name of office or department:				
I verify that	was certified undo dent with a disability p y complete 30 credit proved to enroll in few	er the Americans wi prior to each semest hours, or credit h	th Disabilities Act and Section 504 of the er of enrollment. I have determined thit our equivalents, this year. As a resulurs, or credit hour equivalents, during the	
Disability services prov Part IV: Student and taxpayer verif I certify that the eligibility requiremen 6, Title 12 of the 1976 Code. I c	rider signature ication ts for the Tuition Tax 0 ertify that the above	disability services	Date ordance with Section 2, Article 25, Chapte orovider has determined the credit hou	
requirement should be reduced as a Student signa		a and vernied disabili	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.