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**AMERICAN OPPORTUNITY EDUCATION (AOC) CREDIT CERTIFICATION**

**TAX YEAR 2020**

**Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive a 1098T? Yes[ ] No[ ] (If yes Don't fill out the form)

EIN NUMBER of Educational Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are so pleased that you are a part of the Integrity Financial Solution family. We value you as a client and our goal is to provide you with outstanding tax preparation service. On your current year tax return, you filed an education credit and stated you did not receive a 1098T. Please fill out this education affidavit form as a replacement verification form to confirm your attendance to an educational institution in 20\_\_\_\_.

**COMPLETE THIS FORM**

I hereby certify that the information shown in such income tax returns are true and complete to the best of my knowledge. Tax Payer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Education Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Institution Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip-Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition Paid in 20**\_\_\_\_: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the following is true and correct regarding my eligibility for the American opportunity Education credit:

I have received and provided a copy to my tax preparer of form 1098-T for all eligible tuition paid and have receipts for other eligible education expenses (Tuition, fees, and required course materials or other required fees).

The student(s) attended an eligible educational institution.

***Eligible educational institution:***

*An eligible educational institution is any college, university, vocational school, or other postsecondary educational institution eligible to participate in a student aid program administered by the U.S. Department of Education. Eligible institutions include virtually all accredited postsecondary schools in the United States and some schools outside the United States.*

The student(s) have not claimed the AOC for four prior years. \_\_\_\_\_\_\_\_\_\_(initials)

The student(s) have not completed the first four years of post-secondary education (graduate school does not count). \_\_\_\_\_\_\_\_\_\_(initials)

The student(s) were enrolled at least half time in one academic period during the tax year leading to a degree, certificate, or other recognized educational credential. \_\_\_\_\_\_\_\_\_\_(initials)

The student(s) had no state or federal felony conviction for possessing or selling a controlled substance as of the end of the tax year. \_\_\_\_\_\_\_\_\_\_(initials)

I certify that AOC credits claimed in prior years (if any) have not been disallowed or reduced by the Internal Revenue Service. \_\_\_\_\_\_\_\_\_\_(initials)

**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in penalties imposed by the IRS.**

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**Signature of Taxpayer Date**