



## EDUCATION CREDIT

### FORM 8863

**Taxpayer Name:** \_\_\_\_\_

**College Student Name:** \_\_\_\_\_

**College Attended:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Year Attended** \_\_\_\_\_ **Full time or Part time**

**(Please provide proof of attendance)**

\_\_\_\_\_

**Taxpayer Signature**

\_\_\_\_\_

**Date**