| | | | ECTED | | | _ | | |
|--|-------|-----------------------|--|---|--|-------------------|--|--|
| FILER'S name, street address, city or town, state or province, country, ZIP of foreign postal code, and telephone number | | | r 1 Payments received for qualified tuition and related expenses | | OMB No. 1545-1574 | | | |
| Botsford LLC | | | \$ | 200.00 | 2024 | | Tuition | |
| 920 Cronin Circles | | | 2 | | | | Statement | |
| Port Christinia, PA 13507 | | | | | | | | |
| 555-867-5309 | | | | | Form 1098-T | | | |
| FILER'S employer identification no. | STUDE | NT'S TIN | 3 | | Copy B | | | |
| 00-0351237 | | 00-0351237 | | | For Student | | | |
| STUDENT'S name | | | 4 Adjustmer | 4 Adjustments made for a 5 Scholarships or grants | | | | |
| | | | prior year | prior year | | This is important | | |
| Florentino Skiles | | | | 200.00 | • | 400.00 | tax information and is being | |
| | | | \$ | 300.00 | т | 400.00 | furnished to the | |
| Street address (including apt. no.) | | | 6 Adjustments to | | 7 Checked if the amount | | IRS. This form | |
| 2844 Block Knoll | | | scholarshi for a prior | ps or grants | in box 1 includes amounts for an academic period | | must be used to | |
| City or town, state or province, country, and ZIP or foreign postal code | | | | ycai | | | complete Form 8863 to claim education | |
| Lake Theodore, CA 30916 | | | \$ | 500.00 | beginning January- March 2025 | V | credits. Give it to the | |
| Service Provider/Acct No. (see instr.) | 1 | 8 Checked if at least | 9 Checked i | f a graduate | 10 lns contract reimb | /refund | tax preparer or use it to | |

'

315-21789-8 Form **1098-T**

Service Provider/Acct. No. (see instr.)

(keep for your records)

8 Checked if at least

half-time student

www.irs.gov/Form1098T

₽\$

9 Checked if a graduate

student

Department of the Treasury - Internal Revenue Service

600.00

prepare the tax return.

10 Ins. contract reimb./refund