

## AMERICAN OPPORTUNITY TAX CREDIT (AOTC) QUESTIONNAIRE

STUDENT INFORMATION	Student A	Student B
Students first name		
Students last name		
The student is . . . a) taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
b) spouse	<input type="checkbox"/>	<input type="checkbox"/>
c) dependent	<input type="checkbox"/>	<input type="checkbox"/>
Was the student listed as a dependent on another taxpayer's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUALIFIED EXPENSES	Student A	Student B
Were qualified expenses paid in 2024 for the academic period beginning in 2024 or the beginning three months of 2025?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student receive a Form 1098-T statement from an eligible educational institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the 1098-T included in your documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the expenses paid with a tax-free scholarship, grant, employer-provided educational assistance or VA benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the student withdrew from classes, did the taxpayer receive a refund for qualified education expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

	Student A	Student B
Was student enrolled at least half-time for at least one academic period in the year, and pursuing a program leading to a degree or other educational credential?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student completed the first 4 years of postsecondary education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student claimed the AOTC or HOPE Scholarship credit for any 4 years already?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Has the student been convicted of a felony for possessing or distributing a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of these education expenses paid from distributions from a ESA, QTP, or 529 plan? <i>(If YES, please include distribution form from the qualified plan)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the IRS disallowed or reduced your credit in a previous year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Student A	Student B
Can you provide documentation if your tax return were audited, such as receipts for tuition and related expenses, as well as any associated school records that would substantiate your answers and therefore your eligibility for this credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you certify that all your answers above are, to the best of your knowledge, true, correct, and complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If joint return, only one taxpayer needs to sign.)