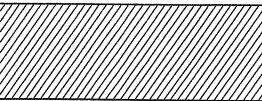


CORRECTED (if checked)

FILER'S name, street address, city, state, ZIP code, and telephone number		1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574	2004	Tuition Statement
		\$	2 Amounts billed for qualified tuition and related expenses		
FILER'S Federal identification no.	STUDENT'S social security number	3 Adjustments made for a prior year	4 Scholarships or grants	Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.	
STUDENT'S name, street address (including apt. no.), city, state, and ZIP code		\$	\$		
		5 Adjustments to scholarships or grants for a prior year			
SERVICE PROVIDER/Acct. No. (opt.)		\$	7 Reimbursements or refunds of qualified tuition and related expenses from an insurance contract		
		6 The amount in box 1 or 2 includes amounts for an academic period beginning January-March 2005 (if checked) <input type="checkbox"/>	\$	9 Graduate student (if checked) <input type="checkbox"/>	
		8 At least half-time student (if checked) <input type="checkbox"/>			

Form **1098-T**

(Keep for your records.)

Department of the Treasury - Internal Revenue Service