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FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Westcliff University 16715 Von Karman Ave. #100 Irvine, CA USA 92606 (949) 825-5999		1 Payments received for qualified tuition and related expenses \$ 13605.00	OMB No. 1545-1574 2020 Form 1098-T	Tuition Statement Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.
FILER'S employer identification no. 46-0858370	STUDENT'S TIN <input type="checkbox"/>	2	3	
STUDENT'S name NAGARJUNA CHILAKA		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 0.00	
Street address (including apt. no.) 550 Kiely Blvd Apt#16		6 Adjustments to scholarships or grants for a prior year \$	7 Check this box if the amount in box 1 includes amounts for an academic period beginning January-March 2021 <input checked="" type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code San Jose, California, 95117 US				
Service Provider/Acct. No. (see instr.) B200252	8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Check if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$	

Form **1098-T**

Cat. No. 25087J

www.irs.gov/Form1098T

Department of the Treasury - Internal Revenue Service

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FILER'S employer identification no. 46-0658370	STUDENT'S TIN	3		
STUDENT'S name NAGARJUNA CHILAKA		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 0.00	
Street address (including apt. no.) 550 Kiely Blvd Apt#16		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2021 <input checked="" type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code San jose, California, 95117 US				
Service Provider/Acct. No. (see instr.) B200252	8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$	

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(keep for your records)

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FILER'S employer identification no. 48-0858370	STUDENT'S TIN <input type="checkbox"/>	3		
STUDENT'S name NAGARJUNA CHILAKA		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 0.00	
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