

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Harrisburg University of Science & Tech 326 Market Street Harrisburg PA 17101 (717) 901-5105		1 Payments received for qualified tuition and related expenses \$ 16,440.00	OMB No. 1545-1574 <b>2023</b> Form 1098-T	<b>Tuition Statement</b>
FILER'S employer identification no. 251900793	STUDENT'S TIN ***-**-9008	2		
STUDENT'S name Sadaf Khaja Bas Shaikh	4 Adjustments made for a prior year \$	5 Scholarships or grants \$	<b>Copy B For Student</b>  This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.	
Street address (including apt. no.) 1 Landmark Lane	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 2024 <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code Fair Lawn, NJ 07410	8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input checked="" type="checkbox"/>		
Service Provider/Acct. No. (see instr.)		10 Ins. contract reimb./refund \$		

Form 1098-T

(keep for your records)

www.irs.gov/Form1098T

Department of the Treasury - Internal Revenue Service

**Instructions for Student**

You, or the person who can claim you as a dependent, may be able to claim an education credit on Form 1040 or 1040-SR. This statement has been furnished to you by an eligible educational institution in which you are enrolled, or by an insurer who makes reimbursements or refunds of qualified tuition and related expenses to you. This statement is required to support any claim for an education credit. Retain this statement for your records. To see if you qualify for a credit, and for help in calculating the amount of your credit, see Pub. 970, Form 8863, and the Instructions for Form 1040. Also, for more information, go to [www.irs.gov/Credits-Deductions/Individuals/Qualified-Ed-Expenses](http://www.irs.gov/Credits-Deductions/Individuals/Qualified-Ed-Expenses).

Your institution must include its name, address, and information contact telephone number on this statement. It may also include contact information for a service provider. Although the filer or the service provider may be able to answer certain questions about the statement, do not contact the filer or the service provider for explanations of the requirements for (and how to figure) any education credit that you may claim.

**Student's taxpayer identification number (TIN).** For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS. **Caution:** If your TIN is not shown in this box, your school was not able to provide it. Contact your school if you have questions.

**Account number.** May show an account or other unique number the filer assigned to distinguish your account.

**Box 1.** Shows the total payments received by an eligible educational institution in 2023 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2023 that relate to those payments received during 2023.

**Box 2.** Reserved for future use.

**Box 3.** Reserved for future use.

**Box 4.** Shows any adjustment made by an eligible educational institution for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit

that you claimed for the prior year (may result in an increase in tax liability for the year of the refund). See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

**Box 5.** Shows the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of the education credit you claim for the year.

**TIP:** You may be able to increase the combined value of an education credit and certain educational assistance (including Pell Grants) if the student includes some or all of the educational assistance in income in the year it is received. For details, see Pub. 970.

**Box 6.** Shows adjustments to scholarships or grants for a prior year. This amount may affect the amount of any allowable tuition and fees deduction or education credit that you claimed for the prior year. You may have to file an amended income tax return (Form 1040-X) for the prior year.

**Box 7.** Shows whether the amount in box 1 includes amounts for an academic period beginning January-March 2024. See Pub. 970 for how to report these amounts.

**Box 8.** Shows whether you are considered to be carrying at least one-half the normal full-time workload for your course of study at the reporting institution.

**Box 9.** Shows whether you are considered to be enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential.

**Box 10.** Shows the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any education credit you can claim for the year (may result in an increase in tax liability for the year of the refund).

**Future developments.** For the latest information about developments related to Form 1098-T and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1098T](http://www.irs.gov/Form1098T).

**Free File Program.** Go to [www.irs.gov/FreeFile](http://www.irs.gov/FreeFile) to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

BANK OF AMERICA, N.A.  
C/O HEALTH ACCOUNT SERVICES  
PO BOX 2203  
FARGO ND 58108

# TAX STATEMENT FOR YEAR 2023

THIS STATEMENT REPORTS 1099-SA (OMB No. 1545-1517),  
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

**BANK OF AMERICA**   
BANK# 07202

ZAID KHAN  
1 LANDMARK LN  
FAIR LAWN NJ 07410

PAYER'S E.I.N.

94-1687665

CUSTOMER SERVICE PHONE NUMBER

1-800-718-6710

TAXPAYER'S IDENTIFICATION NUMBER

\*\*\*-\*\*-5821

For Form 1099-SA. This information is being furnished to the IRS.

2023 - 1099-SA, DISTRIBUTIONS FROM AN HSA, ARCHER MSA,  
OR MEDICARE ADVANTAGE MSA

HSA ACCOUNT	ACCOUNT NUMBER	
BOX 1	000010000383039	
BOX 3	GROSS DISTRIBUTION	2,583.56
BOX 5	DISTRIBUTION CODE	1
ZAID KHAN	HSA	X

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE  
NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER  
LISTED ABOVE IF IT IS INCORRECT

TDD HEARING IMPAIRED PLEASE CALL 1-800-305-5109  
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE

1095-C

# Employer-Provided Health Insurance Offer and Coverage

VOID  
CORRECTED

OMB No. 1545-0047 **600320**  
**2023**

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

### Part I Employee

1 Name of employee (first name, middle initial, last name)  
**SADAF K SHAIKH**  
3 Street address (including apartment no.)  
**1 LANDMARK LN**  
4 City or town  
**FAIR LAWN**  
5 State or province  
**NJ**

2 Social security number (SSN)  
**\*\*\*-\*\*-9006**  
7 Name of employer  
**MORGAN STANLEY SERVICES GROUP INC,**  
8 Street address (including room or suite no.)  
**750 7TH AVE 6TH FLOOR - PAYROLL**  
11 City or town  
**NEW YORK**  
12 State or province  
**NY**

6 Applicable Large Employer Member (Employer)  
8 Employer identification number (EIN)  
**26-0116361**  
10 Contact telephone number  
**877-674-7411**  
13 Country and ZIP or foreign postal code  
**10019-6800**

### Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2 digit number): **01**

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00	\$ 104.00
16 Section 4980H Safe Harbor and Other Relief (enter code if applicable)		2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2023)

600320  
Page 3

### Part III Covered Individuals - If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage															
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
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Form 1095-C (2023)