2014
NEW HAMPSHIRE EDUCATION TAX CREDIT RECEIPT

PRINT OR TYPE

STEP 1

1. **RECEIVING SCHOOL OR PARENT (IF HOME SCHOOLED) NAME**:
2. STREET ADDRESS:
   ADDRESS (CONTINUED):
3. CITY/STATE/ZIP:

STEP 2

4. **SCHOLARSHIP ORGANIZATION NAME**:
5. STREET ADDRESS:
   ADDRESS (CONTINUED):
6. CITY/STATE/ZIP:
7. SCHOLARSHIP ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:

STEP 3

8. AMOUNT OF EXPENSE PAID:..... $
9. DATE THE EXPENSE WAS PAID: .....

ATTACH ALL RECEIPTS FOR ALL SPECIFIC, REIMBURSED EDUCATIONAL EXPENSES

THE NAME AND ADDRESS OF THE ELIGIBLE STUDENT(S) FOR WHOM THE EXPENSE WAS PAID (ATTACH A LIST IF NECESSARY)

10. STUDENT NAME:
    STREET ADDRESS:
    ADDRESS (CONTINUED):
    CITY/STATE/ZIP:

STEP 4

If you received reimbursed expenses from more than one Scholarship Organization, use a separate receipt for each Scholarship Organization.

I certify that the receiving school or parent (if home schooled) received the expenses listed above from the Scholarship Organization on the date shown above.

AUTHORIZED SIGNATURE (IN INK) DATE

PRINT SIGNATORY NAME & TITLE