

**Statement for Exempt Individuals and Individuals
With a Medical Condition****For use by alien individuals only.**Go to www.irs.gov/Form8843 for the latest information.For the year January 1 — December 31, 2022, or other tax year
, 2022, and ending , 20 .**2022**Attachment
Sequence No. **102**

Your first name and initial

YOUR FIRST NAME

Last name

YOUR LAST NAME

Your U.S. taxpayer identification number, if any

YOUR SSN (IF YOU HAVE ONE)

* **Fill in your
addresses only if
you are filing this
form by itself and
not with your tax
return**

Address in country of residence

(HOME COUNTRY ADDRESS)

Address in the United States

(WHERE YOU LIVE IN USA)

Part I General Information

- 1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States: F-1 or J-1
- b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions.
SHOULD BE SAME
- 2 Of what country or countries were you a citizen during the tax year? YOUR HOME COUNTRY
- 3a What country or countries issued you a passport? PASSPORT COUNTRY
- b Enter your passport number(s): PASSPORT #
- 4a Enter the actual number of days you were present in the United States during:
2022 # 2021 # IF HERE 2020 # IF HERE
- b Enter the number of days in 2022 you claim you can exclude for purposes of the substantial presence test: SAME # AS 4a

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2022: _____
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2022: _____
- 7 Enter the type of U.S. visa (J or Q) you held during: 2016 _____ 2017 _____
2018 _____ 2019 _____ 2020 _____ 2021 _____. If the type of visa you held during any
of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 8 Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior
calendar years (2016 through 2021)? ☐ Yes ☐ No
If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless
you meet the *Exception* explained in the instructions.

Part III Students

- 9 Enter the name, address, and telephone number of the academic institution you attended during 2022:
WORCESTER POLYTECHNIC INSTITUTE, 100 INSTITUTE ROAD, WORCESTER, MA 01609
508-831-5000
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated
in during 2022: COLLEEN CALLAHAN-PANDAY 508-831-6030
100 INSTITUTE ROAD
WORCESTER, MA 01609
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: 2016 _____ 2017 _____
2018 _____ 2019 * 2020 * 2021 F-1 *. If the type of visa you held during any
of these years changed, attach a statement showing the new visa type and the date it was acquired. ONLY FILL IN YEARS IN
USA
- 12 Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar
years? ☐ Yes ☒ No
If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to
establish that you do not intend to reside permanently in the United States. IF YOU MARK "YES" YOU DON'T NEED TO FILL
IN 8843
- 13 During 2022, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status
in the United States or have an application pending to change your status to that of a lawful permanent
resident of the United States? ☐ Yes ☒ No
- 14 If you checked the "Yes" box on line 13, explain: (IF YOU APPLIED FOR THE DIVERSITY LOTTERY, ONLY
MARK "YES" IF YOU "WON" AND YOU ARE FILING PR PAPERWORK

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2022 and the dates of competition: _____

16 Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s): _____

Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16.

Part V Individuals With a Medical Condition or Medical Problem

17a Describe the medical condition or medical problem that prevented you from leaving the United States. See instructions. _____

b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a: _____

c Enter the date you actually left the United States: _____

18 Physician's Statement:

I certify that _____
Name of taxpayer

was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting.

Name of physician or other medical official

Physician's or other medical official's address and telephone number

Physician's or other medical official's signature

Date

Sign here only if you are filing this form by itself and not with your tax return

Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

SIGN YOUR NAME

Your signature

DATE

Date

Form **8843** (2022)

IF THIS IS THE ONLY TAX FORM YOU ARE SUBMITTING SEND TO:

DEPARTMENT OF TREASURY
IRS
AUSTIN, TX 73301-0215

BEFORE JUNE 15TH 2023

IF SUBMITTING WITH YOUR 1040NR SEND TO THE ADDRESS ON YOUR 1040NR FORMS BEFORE APRIL 15TH 2023.