Form 8843  

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, 2023, or other tax year

Your first name and initial

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

Address in country of residence

Address in the United States

Part I  General Information

1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States:

1b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions.

2 Of what country or countries were you a citizen during the tax year?

3a What country or countries issued you a passport?

3b Enter your passport numbers:

4a Enter the actual number of days you were present in the United States during:

4b Enter the number of days in 2023 you claim you can exclude for purposes of the substantial presence test:

Part II  Teachers and Trainees

5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2023:

6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2023:

Part III  Students

9 Enter the name, address, and telephone number of the academic institution you attended during 2023:

10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2023:

11 Enter the type of U.S. visa (J or Q) you held during:

12 Were you exempt as a teacher, trainee, or student for any part of more than 5 calendar years? 

13 During 2023, 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?

14 If you checked the "Yes" box on line 13, explain:

For Paperwork Reduction Act Notice, see instructions.
Part IV  Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2023 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 their 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 U.S. 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 (2023)