

Example

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, 2024, or other tax year
beginning , 2024, and ending , 20

OMB No. 1545-0074

2024

Attachment
Sequence No. **102**

Department of the Treasury
Internal Revenue Service

Your first name and initial

YOUR FIRST NAME

Last name

YOUR LAST NAME

Your U.S. taxpayer identification number (TIN), if any

YOUR SON

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

(HOME COUNTRY ADDRESS)

Address in the United States

(WHERE YOU LIVE IN THE 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 THE SAME AS ABOVE, UNLESS YOU CHANGED VISA STATUS AFTER ENTRY
- 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? YOUR PASSPORT COUNTRY
- b Enter your passport number(s): PASSPORT #
- 4a Enter the actual number of days you were present in the United States during:
2024 # 2023 # IF HERE 2022 # IF HERE
- b Enter the number of days in 2024 you claim you can exclude for purposes of the substantial presence test: SAME AS #4A 2024

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2024: _____
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2024: _____
- 7 Enter the type of U.S. visa (J or Q) you held during: 2018 _____ 2019 _____
2020 _____ 2021 _____ 2022 _____ 2023 _____. 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 exempt as a teacher, trainee, or student for any part of 2 of the preceding 6 calendar years (2018
through 2023)? ☐ 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 2024:
WORCESTER POLYTECHNIC INSTITUTE, 100 INSTITUTE ROAD, WORCESTER MA, 01609
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated
in during 2024: 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: 2018 _____ 2019 _____
2020 _____ 2021 _____ 2022 _____ 2023 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.
- 12 Were you exempt 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. ONLY FILL IN YEARS PRESENT IN US
IF YOU MARK YES YOU DO NOT NEED TO FILL 8843.
- 13 During 2024, 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 VISA LOTTERY, ONLY MARK
"YES" IF YOU "WON" AND YOU ARE FILING GREEN CARD PAPERWORK

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2024 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 HERE

Your signature

DATE

Date

Form **8843** (2024)

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

DEPARTMENT OF THE TREASURY
IRS
AUSTIN, TX 73301-0215

BEFORE JUNE 15, 2025
(BUT BEST IF MAILED BY APRIL 15th)

IF SUBMITTING WITH YOUR 1040NR SEND TO THE ADDRESS ON YOUR 1040NR FORMS BEFORE APRIL 15th 2025