

—EXAMPLE—

Form **8843**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2025

Attachment
Sequence No. 102

For calendar year 2025, or tax year beginning , 2025, and ending , 20.

Your first name and initial YOUR FIRST NAME	Last name YOUR LAST NAME	Your U.S. taxpayer identification number (TIN), if any YOUR SSN if you have one
Fill in your addresses only if you are filling 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**
SHOULD BE THE SAME AS ABOVE, UNLESS YOU CHANGED VISA STATUS AFTER ENTRY
- 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? **YOUR HOME COUNTRY**
- 3a What country or countries issued you a passport? **YOUR PASSPORT COUNTRY**
- 3b Enter your passport number(s): **PASSPORT #**
- 4a Enter the actual number of days you were present in the United States during:
2025 **#** 2024 **# IF HERE** 2023 **# IF HERE**
b Enter the number of days in 2025 you claim you can exclude for purposes of the substantial presence test: **SAME AS #4A
2025**

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2025:

- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2025:

- 7 Enter the type of U.S. visa (J or Q) you held during: 2019 _____ 2020 _____
2021 _____ 2022 _____ 2023 _____ 2024 _____. 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 (2019 through 2024)? 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 2025:
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 2025: **COLLEEN CALLAHAN-PANDAY
100 INSTITUTE ROAD
WORCESTER, MA 01609** **508-831-4603**
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: 2019 _____ 2020 _____ **ONLY FILL IN YEARS
PRESENT IN USA**
2021 _____ 2022 _____ 2023 _____ 2024 **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.
- 13 During 2025, 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 DV VISA LOTTERY, ONLY MARK "YES" IF YOU "WON" AND
YOU ARE SUBMITTING GREENCARD PAPERWORK**

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2025 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 (2025)

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

DEPARTMENT OF THE TREASURY
IRS CENTER
AUSTIN, TX 73301-0215

MAIL BEFORE JUNE 15, 2026
(BUT BEST IF MAILED BY
APRIL 15th)