Form 8843

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

> Information about Form 8843 and its instructions is at www.irs.gov/form8843.

For the year January 1—December 31, 2016, or other tax year beginning , 2016, and ending , 20 .

Your first name and initial

Last name

Your U.S. taxpayer identification number, if any

SSN or ITIN or BLANK IF NONE

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

US ADDRESS (WHERE YOU LIVE NOW)

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 ▶

b Current nonimmigrant status and date of change (see instructions) ▶SAME AS ABOVE

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

YOUR COUNTRY OF CITIZENSHIP

3a What country issued you a passport?

YOUR PASSPORT COUNTRY

b Enter your passport number ▶PASSPORT #

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

2016 # 2015 # (if here) 2014 # (if here)

b Enter the number of days in 2016 you claim you can exclude for purposes of the substantial presence test ▶SAME # AS 4A (2016)

Part II Teachers and Trainees

5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2016 ▶

For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2016 ▶

7 Enter the type of U.S. visa (J or Q) you held during: ▶ 2010 2011

2012 2013 2014 2015 . 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 (2010 through 2015)? 

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 2016 ▶

WORCESTER POLYTECHNIC INSTITUTE

10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2016 ▶

11 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2010 2011

2012 2013 2014 E-1 2015 E-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 present in the United States as a teacher, trainee, or student for any part of 10 more than 5 calendar years?

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 2016, 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? 

If you checked the "Yes" box on line 13, explain ▶ Mark "Yes" if you submitted a permanent resident application in 2016. Applying for the "Diversity Visa" lottery doesn't count unless you were selected. *
**Part IV  Professional Athletes**

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2016 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 ▶

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

| 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. |

| Your signature | Date |

If this is the only tax forms you are submitting send to:

Department of Treasury
IRS Center
Austin, TX 73301-0215

Before June 15th 2017!

If submitting with your 1040NR send to the address on your 1040NR forms before April 15th 2017.