

# Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

**2020**Attachment Sequence No. **102**Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form8843](http://www.irs.gov/Form8843) for the latest information.

For the year January 1—December 31, 2020, or other tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_.

Your first name and initial

Last name

Your U.S. taxpayer identification number, if any

YOUR FIRST NAME

YOUR LAST NAME

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

Address in the United States

US ADDRESS

**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. SAME (ONLY LIST SOMETHING DIFFERENT IF YOUR VISA STATUS HAS CHANGED)
- 2 Of what country or countries were you a citizen during the tax year? HOME COUNTRY NAME
- 3a What country or countries issued you a passport? HOME COUNTRY NAME
- b Enter your passport number(s) ▶ PASSPORT NUMBER
- 4a Enter the actual number of days you were present in the United States during:  
2020 # 2019 # if here 2018 # if here
- b Enter the number of days in 2020 you claim you can exclude for purposes of the substantial presence test ▶ # from 4a

**Part II Teachers and Trainees**

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2020 ▶
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2020 ▶
- 7 Enter the type of U.S. visa (J or Q) you held during:  
2016 \_\_\_\_\_ 2017 \_\_\_\_\_ 2018 \_\_\_\_\_ 2019 \_\_\_\_\_ 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 (2014 through 2019)? ☐ 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 2020 ▶  
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 2020 ▶  
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 F-1 \* 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. \* only fill years in US
- 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 do not fill 8843)
- 13 During 2020, 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 diversity visa lottery only mark "yes" if you "won" the lottery and are filing the 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 2020 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** (2020)

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

Department of Treasury  
IRS  
Austin, TX 73301-0215

Before June 15th 2021

IF SUBMITTING WITH YOUR 1040NR/EZ SEND TO THE ADDRESS ON YOUR 1040NR forms BEFORE APRIL 15th 2021