

Form **8843**

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

2017Attachment Sequence No. **102**Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form8843 for the latest information.For the year January 1—December 31, 2017, or other tax year
beginning , 2017, 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 (WHERE YOU LIVE NOW)

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 AS ABOVE
- 2 Of what country or countries were you a citizen during the tax year? YOUR COUNTRY OF CITIZENSHIP
- 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: (# OF DAYS PHYSICALLY PRESENT IN US)
2017 # 2016 # (if here) 2015 # (if here)
- b Enter the number of days in 2017 you claim you can exclude for purposes of the substantial presence test ▶ SAME AS 4A (2017)

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2017 ▶
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2017 ▶
- 7 Enter the type of U.S. visa (J or Q) you held during: 2011 2012 2013 2014 2015 2016 . 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 (2011 through 2016)? ☐ 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 2017 ▶
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 2017 ▶
TAM THOMSEN
100 INSTITUTE RD
WORCESTER, MA 01609
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: 2011 2012 2013 2014 2015 F-1 2016 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. (example answer)
- 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.
- 13 During 2017, 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 ▶ * (only mark "yes" if you submitted a permanent resident application in 2017. Applying for the "Diversity Lottery" doesn't count unless you "win" it)

Part IV Professional Athletes

- 15** Enter the name of the charitable sports event(s) in the United States in which you competed during 2017 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

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 signature

▶ date
Date

Form **8843** (2017)

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

Department of Treasury
IRS Center
Austin, TX 73301-0215

Before June 15th 2018!

If submitting with your 1040 NR/EE send to the address on your 1040 NR forms before April 15, 2018.