

Statement for Exempt Individuals and Individuals With a Medical Condition
For use by alien individuals only.

OMB No. 1545-0074

2022

Go to www.irs.gov/Form8843 for the latest information.
For the year January 1 – December 31, 2022, or other tax year

Attachment Sequence No. **102**

Department of the Treasury
Internal Revenue Service

beginning _____, 2022, and ending _____, 20____

Your first name and initial _____ Last name _____ Your U.S. taxpayer identification number, if any _____

ENTER FIRST NAME AS ON PASSPORT _____ **ENTER LAST NAME AS ON PASSPORT** _____ **OPTIONAL** _____

Fill in your address as only if you are filing this form by itself and not with your tax return

Address in country of residence _____ Address in the United States _____

FILL OUT HOME COUNTRY ADDRESS _____ **ADDRESS IN THE U.S.** _____

Part I General Information

- 1 a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States: **Most recent status, typically J1**
- b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. **current status, typically the same as 1a (J1), unless there was a change.**
- 2 Of what country or countries were you a citizen during the tax year? **Typically this would be your home country**
- 3 a What country or countries issued you a passport? **Typically this would be your home country**
- b Enter your passport number(s): _____ **Enter your passport number**
- 4 a Enter the actual number of days you were present in the United States during: _____
- 2022, ex: 130 2021, ex: 30 2020 _____
- b Enter the number of days in 2022 you claim you can exclude for purposes of the substantial presence test: **130 (2022 only)**

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2022: **Enter your U.S. Host Institution where you were for your Fulbright Exchange**
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2022: **leave blank**
- This is a sample created for a grant that included one month in 2021 and 6 months in 2022. Your situation will be unique to you.*
- 7 Enter the type of U.S. visa (J or Q) you held during: _____ 2016 _____ 2017 _____
2018 _____ 2019 _____ 2020 _____ 2021 _____ J _____ 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 (2016 through 2021)? 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 2022: **SKIP THIS ENTIRE SECTION**
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2022: _____
- 11 Enter the type of U.S. visa (J or Q) you held during: _____ 2016 _____ 2017 _____
2018 _____ 2019 _____ 2020 _____ 2021 _____ J _____ 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 student for any part of more than 5 calendar years? Yes No
If you checked the "Yes" box on line 12, you must attach a statement to establish that you do not have a permanent residence in the United States.
- 13 During 2022, did you take affirmative steps to establish 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: _____

Part IV Professional Athletes

- 15 Enter the name of the charitable sports event(s) in which you participated during 2022 and the dates of competition: **SKIP THIS ENTIRE SECTION**
- 16 Enter the name(s) and employer identification number(s) of the 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

- 17 a Describe the medical condition or medical problem that prevented you from leaving the United States. See instructions. **SKIP THIS ENTIRE SECTION**
- b Enter the date you intended to leave the United States because 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 _____
- _____ was unable to leave the United States on the date _____ because of the medical condition or medical problem described on line 17a and there was no indication _____
- Name of 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 AND DATE

Your signature

Date