

Instructions

- Scroll down to find the form 8843 (can be filled out on-line and printed or by hand). If you have a pre-printed 8843 from Human Resources (usually sent at the end of February), you can use the pre-printed form
- Fill in "First name", "Last name", and "Social Security number". If you do not have a Social Security Number leave this blank.
- Fill in the "Address in county of residence" box with your home country address
- Fill in the "Address in the United States" box with your local address
- Fill in Part I (*Note: The answer to Part I-4b is the total number of days you were present in the U.S. in 2011.*)
- If you are an F-2 or J-2 dependent, complete Part I. Leave the "Social Security Number/ITIN" box blank unless you have an ITIN (Tax Identification Number)
- If you are a Visiting Professor, Scholar or Researcher, fill out Part II (students leave blank),
- If you are an F-1 or J-1 student or exchange student, fill out Part III. For #10 if you do not know your advisor's name and office address you can use your actual Academic Dean or: Adrienne Nussbaum, Office of International Students and Scholars, Maloney Hall suite 249, Chestnut Hill, MA 02446. 617 552 8005
- Skip Parts IV and V
- Sign and date the form at the bottom
- Make a photocopy of your completed Form 8843 to keep for your records.

Mail to:

Internal Revenue Service

Austin, TX 73301-0215 (note: There is no street address)

Note: If you had no U.S. earned income and are filing only Form 8843, the deadline for filing this form is **June 15**. If you must file Form 1040NR-EZ or 1040NR, then you must complete Form 8843 and mail with your tax return before the filing deadline, which is **April 17**.

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

Department of the Treasury
Internal Revenue Service

For the year January 1—December 31, 2011, or other tax year beginning _____, 2011, and ending _____, 20_____.

Attachment Sequence No. **102**

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

Fill in your addresses 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 _____

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) ▶ _____
- 2 Of what country were you a citizen during the tax year? _____
- 3a What country issued you a passport? _____
- b Enter your passport number ▶ _____
- 4a Enter the actual number of days you were present in the United States during:
2011 _____ 2010 _____ 2009 _____
- b Enter the number of days in 2011 you claim you can exclude for purposes of the substantial presence test ▶ _____

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2011 ▶ _____
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2011 ▶ _____
- 7 Enter the type of U.S. visa (J or Q) you held during: ▶ 2005 _____ 2006 _____
2007 _____ 2008 _____ 2009 _____ 2010 _____. 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 (2005 through 2010)? 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 on page 3.

Part III Students

- 9 Enter the name, address, and telephone number of the academic institution you attended during 2011 ▶ _____
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2011 ▶ _____
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2005 _____ 2006 _____
2007 _____ 2008 _____ 2009 _____ 2010 _____. 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 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 2011, 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 ▶ _____

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2011 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.

▶ _____
Your signature

▶ _____
Date