

* SAMPLE *

No Earned Income

Form 8843

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

OMB No. 1545-0074

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8843 for the latest information.

Attachment Sequence No. 102

For the year January 1 - December 31, 2023, or other tax year

beginning , 2023, and ending , 20

Your first name and initial Imre Last name Dukedog Your U.S. taxpayer identification number (TIN), if any

Fill in your addresses only if you are filing this form by itself and not with your U.S. tax return. Address in country of residence: 103 Joy Avenue Birmm Zama, 17233 WAKANDA Address in the United States: 800 Main Street, Box 1305 Harrisonburg, VA 2207 USA

Part I General Information

- 1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States: F1 - August 13, 2023
b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. F1
2 Of what country or countries were you a citizen during the tax year? WAKANDA
3a What country or countries issued you a passport? WAKANDA
b Enter your passport number(s): WKDO 22910
4a Enter the actual number of days you were present in the United States during: 2023 240 2022 120 2021
b Enter the number of days in 2023 you claim you can exclude for purposes of the substantial presence test: 240

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2023:
6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2023:
7 Enter the type of U.S. visa (J or Q) you held during: 2017 2018 2019 2020 2021 2022 . 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 exempt as a teacher, trainee, or student for any part of 2 of the preceding 6 calendar years (2017 through 2022)? [] 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 2023: James Madison University - 800 South Main St. MSC 5731 Harrisonburg, VA 22807 - (540) 568-5209
10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2023: JONATHAN KRATZ (540) 568-5209 800 South Main St. MSC 5731 Harrisonburg VA 22807
11 Enter the type of U.S. visa (E, J, M, or Q) you held during: 2017 2018 2019 2020 2021 2022 F1 . 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 exempt as a teacher, trainee, or student for any part of more than 5 calendar years? [] Yes [X] 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 2023, 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 [X] 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 2023 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 their 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 U.S. 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.

Duke dog

Your signature

02/23/24

Date

Additional information to help you complete the 8843 Form

Top Part of the 8843 form:

- On top of your sheet: -> Write down: “**No earned Income**”
- “Your US taxpayer Identification number” -> Write down **your (SSN) social security number** if you have 1
- Address in country of residence -> Write down the address where you live (**outside of the US**)
- Address in the United States -> Write down the address **where you receive your mail**

Part I: General information

- **1a** Enter your status (F-1) that you used to **enter the U.S. most recently** and date you entered (see [I-94 record](#))
- **1b** Your “current nonimmigrant status” - **If you requested a change of status** (e.g. you entered the U.S. in F-1 status and, without leaving, changed to a different status) in the U.S. enter your current non-immigrant status and the date that your change of status was approved. **Otherwise, all you need to do is enter your current non-immigrant status** as you stated in #1a; no date is required.
- **4a** Count the number of days you were physically present in the U.S. in each of the last 3 calendar years. As you figure out the number of days you were in the U.S. as an F-1 student, **take into consideration that each semester is roughly 150 days long and the Summer break is roughly 120 days long.**
- **4b** Substantial Presence Test: **enter the same number of days you wrote down for 2023** (in the first blank on #4a).

Part II: Teachers and Trainees

- **Leave all spaces blank.**

Part III: Students

- Required for: **F-1 Students (and F-2 dependents)**
- **9** Write down: **James Madison University, 800 South Main St. MSC 5731, Harrisonburg, VA 22807, (540) 568-5209**
 - **F-2 Dependents write:** Spouse/Dependent of student attending (+ same information as for F-1 students)
- **10** Write down: **Jonathan Kratz, (540) 568-5209, James Madison University, 800 South Main St. MSC 5731, Harrisonburg, VA 22807**
 - **F-2/J-2 Dependents write:** Spouse/Dependent of student attending (+ same information as F-1 students)
- **11 – 14** Answer each question **according to your individual situation.**

Part IV: Professional Athletes

- **Leave all spaces blank.**

Part V: Individuals With a Medical Condition or Medical Problem

- **Leave all spaces blank.**

Signature Section

Required for: **Everyone completing Form 8843**

- **Sign and date** the bottom of page 2