Department of the Treasury Internal Revenue Service

beginning

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only. ► Go to www.irs.gov/Form8843 for the latest information.

For the year January 1-December 31, 2020, or other tax year

, 2020, and ending

OMB No. 1545-0074

Attachment Sequence No. 102

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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 Unit	ed States	
Part	I Genera	al Information			
1a	1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ▶				
b	Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions.				
2	Of what country or countries were you a citizen during the tax year?				
3a	What country or countries issued you a passport?				
b	Enter your passport number(s)				
4a	Enter the actual number of days you were present in the United States during:				
	2020 2019 2018				
Part II Teachers and Trainees					
5	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 you participated in during 2020 ▶					
	you participated				
_					
7	Enter the type of	of U.S. visa (J or Q) you held during: ▶	2014 2015		
		2017 2018		ype 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	calendar years (2014 through 2019)?				
	If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless				
Dowt	you meet the Exception explained in the instructions. art III Students				
Part					
9	Enter the name, address, and telephone number of the academic institution you attended during 2020 •				
10 Enter the name address and telephone number of the director of the accidence or other energialized assertions				ad announce and a State of	
10	Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2020 ▶				
44	Enter the type of	of LLS vice (E. L.M. or O) you hold during:	2014 2014	<u> </u>	
11		of U.S. visa (F, J, M, or Q) you held during:		5	
	2016 2017 2018 2019 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.				
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12	Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar vears?				
	,				
		you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to			
4-	establish that you do not intend to reside permanently in the United States.				
13	-	During 2020, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status			
		ates or have an application pending to change yo			
		Jnited States?			
14	If you checked	the "Yes" box on line 13, explain ▶			