

Form **8843****Statement for Exempt Individuals and Individuals
With a Medical Condition**
For use by alien individuals only.

OMB No. 1545-0074

2008Department of the Treasury
Internal Revenue ServiceFor the year January 1—December 31, 2008, or other tax year
beginning , 2008, and ending , 20 .Attachment
Sequence No. **102**Your first name and initial
SorineLast name
KimYour U.S. taxpayer identification number, if any
123-45-6789**Fill in your
addresses only if
you are filing this
form by itself and
not with your tax
return**

Address in country of residence

**ABC Apartment 10-210
123 xxx-dong, xxx-gu
Seoul 123-456, South Korea**

(한국 주소)

Address in the United States

**56 South Street
Boston, MA 02111**

(미국 주소)

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, 8/10/2007**
- b Current nonimmigrant status and date of change (see instructions) ▶ **(체류신분에 변화가 없으면 그냥 비워둬)**
- 2 Of what country were you a citizen during the tax year? **Republic of Korea**
- 3a What country issued you a passport? **Republic of Korea**
- b Enter your passport number ▶ **(여권 번호)**
- 4a Enter the actual number of days you were present in the United States during:
2008 **346** 2007 **144** 2006 **0**
- b Enter the number of days in 2008 you claim you can exclude for purposes of the substantial presence test ▶ **346**

Part II Teachers and Trainees

- 5 Enter the name, address, and telephone number of the academic institution you attended during 2008 ▶
- 6 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2008 ▶
- 7 Enter the type of U.S. visa (J or Q) you held during: ▶ 2002 _____ 2003 _____
2004 _____ 2005 _____ 2006 _____ 2007 _____. 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 (2002 through 2007)? ☐ 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 2008 ▶
XXX University 1234 North Street, City, State 90123
Phone: 212-345-7890
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2008 ▶ **(학교 담당자 이름, 주소, 전화번호)**
(학과장, 대학 학장, 또는 International student advisor 등임. International Student Office에 문의할 것)
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2002 _____ 2003 _____
2004 _____ 2005 _____ 2006 _____ 2007 **F**. 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 2008, 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 2008 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.

1040NR 또는 1040NR-EZ와 함께 제출할 때는
여기에 사인을 하지 않음.

▶ _____
Your signature

▶ _____
Date