

Form

8843**Statement for Exempt Individuals and Individuals
With a Medical Condition**

OMB No. 1545-0074

2013Department of the Treasury
Internal Revenue ServiceFor the year January 1—December 31, 2013 or other tax year
beginning , 2013, and ending , 20 .Attachment
Sequence No. **102**

Your first name and initial

Last name

Your U.S. taxpayer identification number, if any

Your Name**Fill in your
addresses only if
you are filing this
form by itself and
not with your tax
return**

Address in country of residence

Home Country Address

Address in the United States

U.S. Address**Part I General Information**

- 1a** Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ▶ **original visa type, date of entry into U.S.**
- b** Current nonimmigrant status and date of change (see instructions) ▶ **current visa type, date of change to F1 (if any)**
- 2** Of what country were you a citizen during the tax year? **country of citizenship**
- 3a** What country issued you a passport? **country issuing your passport**
- b** Enter your passport number ▶ **passport #**
- 4a** Enter the actual number of days you were present in the United States during:
2013 **xxx** 2012 **xxx** 2011 **xxx**
- b** Enter the number of days in 2013 you claim you can exclude for purposes **4b - Answer should be the same as question 4a for 2013.**

Part II Teachers and Trainees

- 5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2009 ▶
- 6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2009 ▶
- 7** Enter the type of U.S. visa (J or Q) you held during: ▶ 2003 _____ 2004 _____
2005 _____ 2006 _____ 2007 _____ 2008 _____. 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 (2003 through 2008)? ☐ 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 2013 ▶
Howard Community College; 10901 Little Patuxent Parkway, Columbia, MD 21044; 443-518-1000
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated
in during 2013 ▶ **Dr. Sharon J. Pierce, Vice President of Academic Affairs, Howard Community College,
10901 Little Patuxent Parkway, Columbia, MD 21044; 443-518-1000**
- 11** Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2007 _____ 2008 _____
2009 _____ 2010 _____ 2011 _____ 2012 _____. 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.
- 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.
- During 2013, 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
- If you checked the "Yes" box on line 13, explain ▶

Skip
Part 2Answer
questions
11-14

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2009 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.

Sign and date here only if you are filing this form by itself

Your signature

Date