

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_

See separate instructions.

Your first name and middle initial		Last name		Your identifying number (see instructions)	
CYNTHIA		MUJYAMBERE		8 1 4   8 8   7 2 3 0	
Home address (number and street). If you have a P.O. box, see instructions.					Apt. no.
LOW RISE 8					8163
City, town, or post office. If you have a foreign address, also complete spaces below.				State	ZIP code
ITHACA				NY	14853
Foreign country name		Foreign province/state/county		Foreign postal code	

Filing Status	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/> Qualifying surviving spouse (QSS)	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____				
Check only one box.					

Digital Assets	At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Dependents (see instructions):	(1) First name	Last name	(2) Dependent's identifying number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):
					Child tax credit
					Credit for other dependents
					<input type="checkbox"/>
					<input type="checkbox"/>
If more than four dependents, see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>

Income Effectively Connected With U.S. Trade or Business	1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	4427	
	b	Household employee wages not reported on Form(s) W-2			1b		
	c	Tip income not reported on line 1a (see instructions)			1c		
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d		
	e	Taxable dependent care benefits from Form 2441, line 26			1e		
	f	Employer-provided adoption benefits from Form 8839, line 29			1f		
	g	Wages from Form 8919, line 6			1g		
	h	Other earned income (see instructions)			1h		
	i	Reserved for future use			1i		
	j	Reserved for future use			1j		
	k	Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)			1k	0	
	z	Add lines 1a through 1h			1z	4427	
	2a	Tax-exempt interest	2a		b Taxable interest	2b	
	3a	Qualified dividends	3a		b Ordinary dividends	3b	
	4a	IRA distributions	4a	0	b Taxable amount	4b	0
5a	Pensions and annuities	5a	0	b Taxable amount	5b	0	
6	Reserved for future use			6			
7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/>			7	0		
8	Additional income from Schedule 1 (Form 1040), line 10			8	27250		
9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b>			9	31677		
10	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to income</b>			10	0		
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>			11	31677		
12	<b>Itemized deductions</b> (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)			12	27		
13a	Qualified business income deduction from Form 8995 or Form 8995-A			13a			
b	Exemptions for estates and trusts only (see instructions)			13b			
c	Add lines 13a and 13b			13c			
14	Add lines 12 and 13c			14	27		
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>			15	31650		

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	3581
	<b>17</b>	Amount from Schedule 2 (Form 1040), line 3 . . . . .	<b>17</b>	0
	<b>18</b>	Add lines 16 and 17 . . . . .	<b>18</b>	3581
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040) . . . . .	<b>19</b>	0
	<b>20</b>	Amount from Schedule 3 (Form 1040), line 8 . . . . .	<b>20</b>	0
	<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>	0
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	3581
	<b>23a</b>	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 . . . . .	<b>23a</b>	0
	<b>b</b>	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21 . . . . .	<b>23b</b>	0
	<b>c</b>	Transportation tax (see instructions) . . . . .	<b>23c</b>	0
	<b>d</b>	Add lines 23a through 23c . . . . .	<b>23d</b>	0
	<b>24</b>	Add lines 22 and 23d. This is your <b>total tax</b> . . . . .	<b>24</b>	3581
<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2 . . . . .	<b>25a</b>	445
	<b>b</b>	Form(s) 1099 . . . . .	<b>25b</b>	0
	<b>c</b>	Other forms (see instructions) . . . . .	<b>25c</b>	0
	<b>d</b>	Add lines 25a through 25c . . . . .	<b>25d</b>	445
	<b>e</b>	Form(s) 8805 . . . . .	<b>25e</b>	0
	<b>f</b>	Form(s) 8288-A . . . . .	<b>25f</b>	0
	<b>g</b>	Form(s) 1042-S . . . . .	<b>25g</b>	3815
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return . . . . .	<b>26</b>	0
	<b>27</b>	Reserved for future use . . . . .	<b>27</b>	
<b>28</b>	Additional child tax credit from Schedule 8812 (Form 1040) . . . . .	<b>28</b>	0	
<b>29</b>	Credit for amount paid with Form 1040-C . . . . .	<b>29</b>	0	
<b>30</b>	Reserved for future use . . . . .	<b>30</b>		
<b>31</b>	Amount from Schedule 3 (Form 1040), line 15 . . . . .	<b>31</b>	0	
	<b>32</b>	Add lines 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . .	<b>32</b>	0
	<b>33</b>	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b> . . . . .	<b>33</b>	4260
<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	679
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> . . . . .	<b>35a</b>	679
	<b>b</b>	Routing number 0 2 1 0 0 0 0 2 1 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 9 5 1 5 3 1 5 2 1 . . . . .		
	<b>e</b>	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. . . . .		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b> . . . . .	<b>36</b>	0
<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions . . . . .	<b>37</b>	0
	<b>38</b>	Estimated tax penalty (see instructions) . . . . .	<b>38</b>	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions. <input type="checkbox"/> <b>Yes</b> . Complete below. <input type="checkbox"/> <b>No</b>			
	Designee's name . . . . .	Phone no. . . . .	Personal identification number (PIN) . . . . .	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature . . . . .	Date . . . . .	Your occupation . . . . .	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) . . . . .
	Phone no. . . . .	Email address . . . . .		
<b>Paid Preparer Use Only</b>	Preparer's name . . . . .	Preparer's signature . . . . .	Date . . . . .	PTIN . . . . .
	Firm's name . . . . .			Check if: <input type="checkbox"/> Self-employed
	Firm's address . . . . .			Phone no. . . . .
			Firm's EIN . . . . .	

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
CYNTHIA MUJYAMBERE

Your social security number  
814-88-7230

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	0
<b>b</b>	Date of original divorce or separation agreement (see instructions): 0		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	0
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	0
<b>8</b>	Other income:		
<b>a</b>	Net operating loss . . . . .	<b>8a</b>	( )
<b>b</b>	Gambling . . . . .	<b>8b</b>	0
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>	
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>	
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>	
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>	
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>	
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>	0
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>	
<b>k</b>	Stock options . . . . .	<b>8k</b>	
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>	
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>	
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>	
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>	
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>	
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>	
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>	27250
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>	
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>	
<b>z</b>	Other income. List type and amount: . . . . .	<b>8z</b>	0
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .	<b>9</b>	27250
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>10</b>	27250

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71479F

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	0
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	0
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	0
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	0
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	0
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	0
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	0
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	0
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	0
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	0
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .	<b>26</b>	0

**SCHEDULE A**  
**(Form 1040-NR)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040-NR.

Go to [www.irs.gov/Form1040NR](https://www.irs.gov/Form1040NR) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **7A**

Name shown on Form 1040-NR

CYNTHIA MUJYAMBERE

Your identifying number

814-88-7230

**Taxes You Paid**

<b>1a</b>	State and local income taxes . . . . .	<b>1a</b>	27		
<b>b</b>	Enter the smaller of line 1a or \$10,000 (\$5,000 if married filing separately) . . . . .	<b>1b</b>		27	

**Gifts to U.S. Charities**

**Caution:** If you made a gift and got a benefit for it, see instructions.

<b>2</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>2</b>	0		
<b>3</b>	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . .	<b>3</b>	0		
<b>4</b>	Carryover from prior year . . . . .	<b>4</b>	0		
<b>5</b>	Add lines 2 through 4 . . . . .	<b>5</b>		0	

**Casualty and Theft Losses**

<b>6</b>	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .	<b>6</b>		0	
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**Other Itemized Deductions**

<b>7</b>	Other—from list in instructions. List type and amount: _____ _____ _____ _____ _____ _____ _____	<b>7</b>		0	
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**Total Itemized Deductions**

<b>8</b>	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 12 . . . . .	<b>8</b>		27	
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For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

Cat. No. 72749E

Schedule A (Form 1040-NR) 2023

**SCHEDULE OI**  
**(Form 1040-NR)**

Department of the Treasury  
Internal Revenue Service

**Other Information**

Attach to Form 1040-NR.

Go to [www.irs.gov/Form1040NR](https://www.irs.gov/Form1040NR) for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **7C**

Name shown on Form 1040-NR

CYNTHIA MUJYAMBERE

Your identifying number

814-88-7230

- A** Of what country or countries were you a citizen or national during the tax year? RWANDA
- B** In what country did you claim residence for tax purposes during the tax year? RWANDA
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? ☐ Yes ☒ No
- D** Were you ever:
1. A U.S. citizen? ☐ Yes ☒ No
2. A green card holder (lawful permanent resident) of the United States? ☐ Yes ☒ No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? ☐ Yes ☒ No
- If you answered "Yes," indicate the date and nature of the change: \_\_\_\_\_
- G** List all dates you entered and left the United States during 2023. See instructions.
- Note:** If you're a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, **check the box for Canada or Mexico** and skip to item H. ☐ Canada ☐ Mexico
- | Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy | Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|--|---|
| 01/01/2023                             | 12/19/2023                              |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:  
2021 0, 2022 141, and 2023 353
- I** Did you file a U.S. income tax return for any prior year? ☒ Yes ☐ No
- If "Yes," give the latest year and form number you filed: 2022, 1040NR
- J** Are you filing a return for a trust? ☐ Yes ☒ No
- If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? ☐ Yes ☐ No
- K** Did you receive total compensation of \$250,000 or more during the tax year? ☐ Yes ☒ No
- If "Yes," did you use an alternative method to determine the source of this compensation? ☐ Yes ☐ No
- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.
- | (a) Country | (b) Tax treaty article | (c) Number of months<br>claimed in prior tax years | (d) Amount of exempt<br>income in current tax year |
|-------------|------------------------|--|--|
|             |                        |  |  |
|             |                        |  |  |
|             |                        |  |  |
- (e) Total.** Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 . . .
2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? ☐ Yes ☐ No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? ☐ Yes ☒ No
- If "Yes," attach a copy of the Competent Authority determination letter to your return.
- M** Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ☐
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ☐

**Statement for Exempt Individuals and Individuals  
With a Medical Condition****For use by alien individuals only.**Go to [www.irs.gov/Form8843](http://www.irs.gov/Form8843) for the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **102**Department of the Treasury  
Internal Revenue ServiceFor the year January 1—December 31, 2023, or other tax year  
beginning , 2023, and ending , 20 .

Your first name and initial

CYNTHIA

Last name

MUJYAMBERE

Your U.S. taxpayer identification number (TIN), if any

814-88-7230

**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

MUSANZE  
NORTH  
MUSANZE  
RWANDA 00000

Address in the United States

LOW RISE 8  
8163  
ITHACA, NY 14853**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 08/13/2022
- 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? RWANDA
- 3a** What country or countries issued you a passport? RWANDA
- b** Enter your passport number(s): PC588981
- 4a** Enter the actual number of days you were present in the United States during:  
2023 353 2022 141 2021 0
- b** Enter the number of days in 2023 you claim you can exclude for purposes of the substantial presence test: 353

**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:  
CORNELL UNIVERSITY, 300 DAY HALL, 10 EAST AVENUE., ITHACA, NY, 14853, 6072544636
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated  
in during 2023: VICKY SHARP, 300 DAY HALL, 10 EAST AVENUE., ITHACA, NY, 14853, 6072544636
- 11** Enter the type of U.S. visa (F, 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 ☒ 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 ☒ 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.

04.09.24

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date