

**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

**2024**Attachment  
Sequence No. **102**Department of the Treasury  
Internal Revenue ServiceFor the year January 1—December 31, 2024, or other tax year  
beginning , 2024, and ending , 20 .

Your first name and initial

**SANDRA**

Last name

**RAJ**

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

**Applied for****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

**BU DANIQ  
ABU SHAGARA  
SHARJAH  
UNITED ARAB EMIRATES 2324**

Address in the United States

**6000 REYNOLDS DRIVE  
GV 400 3010 C  
ROCHESTER, NY 14623****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 08/19/2023**
- 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? **INDIA**
- 3a** What country or countries issued you a passport? **UNITED ARAB EMIRATES**
- b** Enter your passport number(s): **S3874291**
- 4a** Enter the actual number of days you were present in the United States during:  
2024 **131** 2023 **126** 2022 **0**
- b** Enter the number of days in 2024 you claim you can exclude for purposes of the substantial presence test: **131**

**Part II Teachers and Trainees**

- 5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2024: \_\_\_\_\_
- 6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2024: \_\_\_\_\_
- 7** Enter the type of U.S. visa (J or Q) you held during: 2018 \_\_\_\_\_ 2019 \_\_\_\_\_  
2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_ 2023 \_\_\_\_\_. 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 (2018  
through 2023)? ☐ 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 2024:  
**ROCHESTER INSTITUTE OF TECHNOLOGY, 1 LOMB MEMORIAL DRIVE, ROCHESTER, NY, 14623, 5854754466**
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated  
in during 2024: **TOMAS PAEZ, 1 LOMB MEMORIAL DRIVE, ROCHESTER, NY, 14623, 5854754466**
- 11** Enter the type of U.S. visa (F, J, M, or Q) you held during: 2018 \_\_\_\_\_ 2019 \_\_\_\_\_  
2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_ 2023 **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 2024, 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 2024 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.



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

\_\_\_\_\_  
Date