

**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.

For calendar year 2025, or tax year beginning

, 2025, and ending

, 20 .

Your first name and initial

Last name

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

**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

Address in the United States

**Part I General Information**

- 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:  
 2025 \_\_\_\_\_ 2024 \_\_\_\_\_ 2023 \_\_\_\_\_  
 b Enter the number of days in 2025 you claim you can exclude for purposes of the substantial presence test: \_\_\_\_\_

**Part II Teachers and Trainees**

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2025:  
 \_\_\_\_\_
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2025:  
 \_\_\_\_\_
- 7 Enter the type of U.S. visa (J or Q) you held during: 2019 \_\_\_\_\_ 2020 \_\_\_\_\_  
 2021 \_\_\_\_\_ 2022 \_\_\_\_\_ 2023 \_\_\_\_\_ 2024 \_\_\_\_\_. 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 (2019 through 2024)? . . . . .  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 2025:  
 \_\_\_\_\_
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2025:  
 \_\_\_\_\_
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: 2019 \_\_\_\_\_ 2020 \_\_\_\_\_  
 2021 \_\_\_\_\_ 2022 \_\_\_\_\_ 2023 \_\_\_\_\_ 2024 \_\_\_\_\_. 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 2025, 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 2025 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.
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- 
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- 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