

1215 W 16TH ST, 19  
MARYVILLE, MO 64468

Dear MOHAN VARASIDDHI SAI,

As you were on a F, J, M or Q type visa and did not have any US income, or your US income was below the tax threshold, you do not need to complete a full tax return. You just need to complete form 8843 as a statement that you are an exempt individual.

Enclosed, please find two copies of your 8843 tax form for 2022, which you prepared through Sprintax tax software.

File one copy with the Internal Revenue Service and retain the second copy for your records.

### How do I file my 8843 tax form?

We have completed form 8843 for you. Please review this form, sign it and date it where indicated on page 2 with the pen symbol.

Your tax form must be received by the IRS by April 18th. However, we recommend you mail it as soon as possible, using the United States Post Office certified mail service, to:

**Department of the Treasury**  
Internal Revenue Service  
Austin, TX 73301-0215  
USA

If you want to use approved Private Delivery Service, please mail it to:

**Austin - Internal Revenue  
Submission Processing Center**  
3651 S IH35,  
Austin, TX 78741  
USA

If you have any questions, please email us at [hello@sprintax.com](mailto:hello@sprintax.com).

Sincerely,  
**The Sprintax team**



# Statement for Exempt Individual for

MOHAN VARASIDDHI SAI POTTI  
2022

FEDERAL FILING COPY  
MAIL TO THE IRS

**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.**2022**Attachment  
Sequence No. **102**Department of the Treasury  
Internal Revenue ServiceFor the year January 1—December 31, 2022, or other tax year  
beginning , 2022, and ending , 20 .

Your first name and initial

Last name

Your U.S. taxpayer identification number, if any

MOHAN VARASIDDHI SAI

POTTI

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

Address in country of residence

6-81, MRO OFFICE ROAD, PEDAKURAPADU  
GUNTUR  
INDIA 522402

Address in the United States

1215 W 16TH ST  
19  
MARYVILLE, MO 64468**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 07/24/2022
- 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? INDIA
- 3a** What country or countries issued you a passport? INDIA
- b** Enter your passport number(s): U8169960
- 4a** Enter the actual number of days you were present in the United States during:  
2022 161 2021 0 2020 0
- b** Enter the number of days in 2022 you claim you can exclude for purposes of the substantial presence test: 161

**Part II Teachers and Trainees**

- 5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2022: \_\_\_\_\_
- 6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2022: \_\_\_\_\_
- 7** Enter the type of U.S. visa (J or Q) you held during: 2016 \_\_\_\_\_ 2017 \_\_\_\_\_  
2018 \_\_\_\_\_ 2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_. 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 (2016 through 2021)? ☐ 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 2022: \_\_\_\_\_  
NORTHWEST MISSOURI STATE UNIVERSITY, 800 UNIVERSITY DR, MARYVILLE, MO, 64468, 6605621212
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated  
in during 2022: ERIKA LEES, 800 UNIVERSITY DR, MARYVILLE, MO, 64468, 6605621212
- 11** Enter the type of U.S. visa (F, J, M, or Q) you held during: 2016 \_\_\_\_\_ 2017 \_\_\_\_\_  
2018 \_\_\_\_\_ 2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_. 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 2022, 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 2022 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 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.



04.17.23

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

\_\_\_\_\_  
Date



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MOHAN VARASIDDHI SAI POTTI  
2022

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RETAIN FOR YOUR RECORDS

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\_\_\_\_\_  
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.



04.17.23

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Your signature

\_\_\_\_\_  
Date



**Taxes?**  
**Sorted!**