

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

Leave this field blank, if you do not have a Social Security Number or Individual Taxpayer Identification Number.

2011Attachment
Sequence No. **102**Department of the Treasury
Internal Revenue Service

beginning

For the year January 1—December 31, 2011, or other tax year
, 2011, and ending

, 20

Your first name and initial

Last name

Your U.S. taxpayer identification number, if any

International

Student

000-00-0000

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

Address in country of residence

G55/345 Victoria Avenue
Chatswood
NSW 2067, Australia

Do not fill in your address information if this form is mailed with your Federal Tax Form 1040-NR or 1040-NR EZ.

Address in the United States

101 N. Caraway Rd., Apt 100
Jonesboro, AR 72401**Part I General Information**

1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ▶ F-1 (08/17/2008)

b Current nonimmigrant status and date of change (see instructions) ▶ F-1

2 Of what country were you a citizen during the tax year? Australia

3a What country issued you a passport? Australia

b Enter your passport number ▶ 10000

4a Enter the actual number of days you were present in the United States during:

2011 345 2010 315 2009 345

b Enter the number of days in 2011 you claim you can exclude for purposes of the substantial presence test ▶ 345

F-1, J-1 students and scholars can exclude all days of presence for the tax year; this means that you will be treated as a nonresident for tax purposes.

Part II Teachers and Trainees

5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2011 ▶

6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2011 ▶

7 Enter the type of U.S. visa (J or Q) you held during: 2005 2006 2007 2008 2009 2010 . 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 (2005 through 2010)? ☐ 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 2011 ▶

Arkansas State University, 2713 Pawnee Street, Jonesboro, AR 72401 (870) 972-2100

10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2011 ▶ Dr. Maureen Dolan, 504 University Loop East, Jonesboro, AR 72401 (870) 972-2025

You can use your academic dean's name, address, and phone number for this field.

11 Enter the type of U.S. visa (F, J, M, or Q) you held during: 2005 2006 2007 2008 F 2009 F 2010 F . 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 were not a resident in the United States.

13 During 2011, did you take affirmative steps to apply for, lawful permanent resident status or to change your status to that of a lawful permanent resident? ☐ Yes ☒ No

14 If you checked the "Yes" box on line 13, explain why you are not eligible for the exception. ☐ Yes ☒ No

If your visa type has changed (for example, J-1 to F-1 in 2011, etc.), you will need to attach a copy of the change of status approval notice (for example, I-797C, etc.) that you received from the USCIS.

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2011 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.

Your signature

Date

Form **8843** (2011)

If this form is mailed with your Federal Tax Form 1040-NR or 1040-NR EZ, do not sign or include page two of Form 8843.