

## Certain Individuals with NO Income Must File Form 8843



**What is Form 8843?** Form 8843 is not an income tax return. Form 8843 is merely an informational statement required by the U.S. government for certain Nonresident Aliens (including the spouses or dependents of Nonresident Aliens).

**Who must file Form 8843?** All Nonresident Aliens who are present in the U.S. under an F-1, F-2, J-1, J-2, M-1, M-2, Q-1, or Q-2 immigration status **MUST** file Form 8843 "Statement for Exempt Individuals and Individuals With a Medical Condition" **even if they received NO income during 2015**. Form 8843 must be filed if an individual is:

- ✓ **present in the U.S. during 2015,**
- ✓ **a Nonresident Alien, and**
- ✓ **present in the U.S. under an F, J, M or Q immigration status (either the "-1" or the "-2").**

If an individual meets all three qualifications above, the individual **must** file Form 8843, regardless of his or her age and even if he or she is not required to file a U.S. income tax return (Form 1040NR or Form 1040NR-EZ).

**Is a Social Security Number ("SSN") or Individual Taxpayer Identification Number ("ITIN") required to file ONLY Form 8843?** If you already have an SSN or ITIN, the number must be included on Form 8843. However, if you do not have an SSN or ITIN, you do not need to apply for one if you have no U.S.-source income and only need to file Form 8843.

However, an exception to this rule applies for Nonresident Aliens from a very limited number of countries (see below ). Such individuals may claim dependents on their U.S. income tax return. To do so, the dependent must have or apply for an SSN or ITIN, regardless of whether or not the dependent has any U.S. income. The countries from which a dependent may be claimed are: American Samoa, Canada, Korea, Mexico, Northern Mariana Islands, and India (applicable only to F-1, J-1, M-1 Students).

**How do I submit Form 8843?** Form 8843 is typically attached to an income tax return. If, however, you have NO income and are ONLY filing Form 8843, you must print, sign and mail it by **June 15, 2016** to:

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

*(there is no street address needed)*

**Note:** EACH individual who has NO income and files ONLY a Form 8843 **MUST** send the form in a separate envelope.

*Do not include more than one Form 8843 per envelope. For example, Juanita Garcia is present in the U.S. under an F-1 immigration status with her husband and 3 year old daughter (both present on F-2 immigration status). Juanita is the only person in the family who received U.S. source income during the tax year. Therefore, Juanita will file an income tax return (Forms 1040NR/1040NR-EZ) with Form 8843 attached. Juanita's husband will file Form 8843 and mail in a separate envelope. Juanita must complete a Form 8843 for her daughter and must submit her daughter's Form 8843 in a separate envelope.*

**THANK YOU for using GTP!**

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**Statement for Exempt Individuals and Individuals  
With a Medical Condition****For use by alien individuals only.**► Information about Form 8843 and its instructions is at [www.irs.gov/form8843](http://www.irs.gov/form8843).

OMB No. 1545-0074

**2015**Attachment  
Sequence No. **102**Department of the Treasury  
Internal Revenue ServiceFor the year January 1—December 31, 2015, or other tax year  
beginning , 2015, and ending , 20 .

Your first name and initial

Ke

Last name

Hu

Your U.S. taxpayer identification number, if any

**Fill in your  
addresses only if  
you are filing this  
form by itself and  
not with your tax  
return**Address in country of residence  
Xinghua Street No.1 1-702  
Shi Jiazhuang 050000  
China, People's Republic ofAddress in the United States  
6331 Southwood Ave Apt 1E  
Saint Louis, MO 63105  
United States of America**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 08/18/2014**b** Current nonimmigrant status and date of change (see instructions) ► F1 Student**2** Of what country were you a citizen during the tax year? China, People's Republic of**3a** What country issued you a passport? China, People's Republic of**b** Enter your passport number ► E30039524**4a** Enter the actual number of days you were present in the United States during:2015 287 2014 136 2013 0**b** Enter the number of days in 2015 you claim you can exclude for purposes of the substantial presence test ► 287**Part II Teachers and Trainees****5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2015 ►**6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2015 ►**7** Enter the type of U.S. visa (J or Q) you held during: ► 2009 \_\_\_\_\_ 2010 \_\_\_\_\_  
2011 \_\_\_\_\_ 2012 \_\_\_\_\_ 2013 \_\_\_\_\_ 2014 \_\_\_\_\_. 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 (2009 through 2014)? . . . . . ☐ 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 2015 ►Washington University in St. Louis One Brookings Drive St. Louis, MO 63130  
314-935-5991**10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated  
in during 2015 ► MarthaLynn TurnerWashington University in St. Louis One Brookings Drive St. Louis, MO 63130  
314-935-5991**11** Enter the type of U.S. visa (F, J, M, or Q) you held during: ► 2009 \_\_\_\_\_ 2010 \_\_\_\_\_  
2011 \_\_\_\_\_ 2012 \_\_\_\_\_ 2013 \_\_\_\_\_ 2014 F-1. 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 2015, 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 2015 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