

11-64 SATHAVAHANA STREET
KHAMMAM
KARUNAGIRI
INDIA 507003

Dear SAIDEERPAK,

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 2024, 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 15th. 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.

Sincerely,
The Sprintax team



Statement for Exempt Individual for

SAIDEEPAK AKKINAPALLI
2024

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 for the latest information.

OMB No. 1545-0074

2024Attachment
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

SAIDEPAK

Last name

AKKINAPALLI

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

11-64 SATHAVAHANA STREET
KARUNAGIRI
KHAMMAM
INDIA 507003

Address in the United States

13401 WOODSON STREET
2238
OVERLAND PARK, KS 66209**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 08/10/2023
- 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? INDIA
- b** Enter your passport number(s): V1342291
- 4a** Enter the actual number of days you were present in the United States during:
2024 128 2023 144 2022 0
- b** Enter the number of days in 2024 you claim you can exclude for purposes of the substantial presence test: 128

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:
UNIVERSITY OF CENTRAL MISSOURI, 1101 INNOVATION PARKWAY, LEES SUMMIT, MO, 64086, 6605434984
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated
in during 2024: APRIL D COCHRAN, 1101 INNOVATION PARKWAY, LEES SUMMIT, MO, 64086, 6605434984
- 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

04.14.25

Date



Statement for Exempt Individual for

SAIDEEPAK AKKINAPALLI
2024

YOUR COPY
RETAIN FOR YOUR RECORDS

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Date



Taxes?
Sorted!