

1227 S DORSEY LN, UNIT 202  
TEMPE, AZ 85281

Dear PRATEEK,

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 2023, 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](mailto:hello@sprintax.com).

Sincerely,  
**The Sprintax team**



# Statement for Exempt Individual for

PRATEEK MOHAN  
2023

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.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **102**Department of the Treasury  
Internal Revenue ServiceFor the year January 1—December 31, 2023, or other tax year  
beginning , 2023, and ending , 20 .

Your first name and initial

PRATEEK

Last name

MOHAN

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

760-76-2474

**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

3C-10 NANDI GARDEN PH 1  
JP NAGAR 9TH PHASE  
BANGALORE  
INDIA 560108

Address in the United States

1227 S DORSEY LN  
UNIT 202  
TEMPE, AZ 85281**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 08/08/2022
- 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): R9510414
- 4a** Enter the actual number of days you were present in the United States during:  
2023 284 2022 146 2021 0
- b** Enter the number of days in 2023 you claim you can exclude for purposes of the substantial presence test: 284

**Part II Teachers and Trainees**

- 5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2023: \_\_\_\_\_
- 6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2023: \_\_\_\_\_
- 7** Enter the type of U.S. visa (J or Q) you held during: 2017 \_\_\_\_\_ 2018 \_\_\_\_\_  
2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_. 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 (2017  
through 2022)? ☐ 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 2023: \_\_\_\_\_  
ARIZONA STATE UNIVERSITY, P.O BOX 872812, TEMPE, AZ, 85287, 8552785080
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated  
in during 2023: BRENDEN KAZENSKY, P.O BOX 872812, TEMPE, AZ, 85287, 8552785080
- 11** Enter the type of U.S. visa (F, J, M, or Q) you held during: 2017 \_\_\_\_\_ 2018 J1  
2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 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 2023, 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 2023 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.



04.15.24

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

\_\_\_\_\_  
Date



# Statement for Exempt Individual for

PRATEEK MOHAN  
2023

YOUR COPY  
RETAIN FOR YOUR RECORDS

**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.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **102**Department of the Treasury  
Internal Revenue ServiceFor the year January 1—December 31, 2023, or other tax year  
beginning , 2023, and ending , 20

Your first name and initial

PRATEEK

Last name

MOHAN

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

760-76-2474

**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

3C-10 NANDI GARDEN PH 1  
JP NAGAR 9TH PHASE  
BANGALORE  
INDIA 560108

Address in the United States

1227 S DORSEY LN  
UNIT 202  
TEMPE, AZ 85281**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 08/08/2022
- 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): R9510414
- 4a** Enter the actual number of days you were present in the United States during:  
2023 284 2022 146 2021 0
- b** Enter the number of days in 2023 you claim you can exclude for purposes of the substantial presence test: 284

**Part II Teachers and Trainees**

- 5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2023:  
.....
- 6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2023:  
.....
- 7** Enter the type of U.S. visa (J or Q) you held during: 2017 \_\_\_\_\_ 2018 \_\_\_\_\_  
2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_. 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 (2017  
through 2022)? ☐ 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 2023:  
ARIZONA STATE UNIVERSITY, P.O BOX 872812, TEMPE, AZ, 85287, 8552785080
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated  
in during 2023: BRENDEN KAZENSKY, P.O BOX 872812, TEMPE, AZ, 85287, 8552785080
- 11** Enter the type of U.S. visa (F, J, M, or Q) you held during: 2017 \_\_\_\_\_ 2018 J1  
2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 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 2023, 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 2023 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

04.15.24

\_\_\_\_\_  
Date



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