

3335 S FIGUEROA STREET LOS ANGELES 536 United States of America CALIFORNIA, 90007

Dear YUE,

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 2019, 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 or an approved delivery service that will provide proof of your mailing date, to:

#### **Department of the Treasury**

Internal Revenue Service Austin TX 73301-0215 USA

If you have any questions, please email us at hello@sprintax.com.

Sincerely,

The Sprintax team



## STATEMENT FOR EXEMPT INDIVIDUAL FOR

YUE ZHANG

2019

FEDERAL FILING COPY

MAIL TO THE IRS

#### Form **8843**

#### **Statement for Exempt Individuals and Individuals** With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

Attachment Sequence No. 102

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8843 for the latest information. For the year January 1-December 31, 2019, or other tax year

, 2019, and ending beginning , 20 Your first name and initial Last name Your U.S. taxpayer identification number, if any YUE **ZHANG** Fill in your Address in country of residence Address in the United States addresses only if 10-2-701 HEGUANLI, FENGTAL 3335 S FIGUEROA STREET you are filing this BEIJING, CHINA 536 form by itself and LOS ANGELES, CA 90007 **BEIJING** not with your tax CHINA 100071 return Part I General Information Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► F1 08/13/2019 b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. \_\_\_\_\_ Of what country or countries were you a citizen during the tax year? CHINA 2 What country or countries issued you a passport? CHINA Enter your passport number(s) ► <u>E31569279</u> Enter the actual number of days you were present in the United States during: 2019 141 2018 0 2017\_0 b Enter the number of days in 2019 you claim you can exclude for purposes of the substantial presence test ▶ 141 **Teachers and Trainees** Part II For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2019 ▶ For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2019 ► \_\_\_\_\_ Enter the type of U.S. visa (J or Q) you held during: ► 2013\_\_\_\_ 2016\_\_\_\_\_\_2017\_\_ 2018\_\_\_\_\_ . 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. Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior 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** Enter the name, address, and telephone number of the academic institution you attended during 2019 UNIVERSITY OF SOUTHERN CALIFORNIA USC, OFFICE OF INTERNATIONAL SERVICE, LOS ANGELES, 90089, 8666015695 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2019 ► SAMANTHA GRAVES, USC VITERBI SCHOOL OF ENGINEERING, LOS ANGELES, CA, 90089, 2137403483 Enter the type of U.S. visa (F, J, M, or Q) you held during: ► 2013\_ 2018 . If the type of visa you held during any 2016 2017 of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar 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. During 2019, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status 13 in the United States or have an application pending to change your status to that of a lawful permanent ☐ Yes X No If you checked the "Yes" box on line 13, explain ▶ \_\_\_\_\_ 14

Form 8843 (2019) Page **2** 

Part	IV Pi	rofessional Athletes				
15	compet	ne name of the charitable sports event(s) in the United States in which you competed during 2019 and the dates o				
16	Enter to event(s)	he name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports				
Dort	Note: Yorganiz	ou must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable ation(s) listed on line 16.  dividuals With a Medical Condition or Medical Problem				
Part 17a		be the medical condition or medical problem that prevented you from leaving the United States				
b c 18	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 ▶  Enter the date you actually left the United States ▶  Physician's Statement:  I certify that					
	4000110	ou on this fire and there was no inclosure in acting of his contained of prostion was prostioning.				
		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 honly if are fil this for itself	f you ing orm by	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.				
not w		02.28.20				
return	1	Your signature Date				

Form **8843** (2019)



# STATEMENT FOR EXEMPT INDIVIDUAL FOR YUE ZHANG

2019

YOUR COPY

RETAIN FOR YOUR RECORDS

### Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

beginning

► Go to www.irs.gov/Form8843 for the latest information.

For the year January 1—December 31, 2019, or other tax year , 2019, and ending Last name

Attachment Sequence No. **102** 

, 20

Your iirs	st name and initial	Last name		Your 0.5. taxpayer identification number, if any					
YUE		ZHANG							
Fill in	your	Address in country of residence	Address in the U	nited States					
addresses only if		10-2-701 HEGUANLI, FENGTAI,	3335 S FIGU	EROA STREET					
you are filing this		BEIJING, CHINA	536						
form by itself and		BEIJING	1	ES, CA 90007					
	ith your tax	CHINA 100071	LOS ANGLL	23, CA 90001					
return									
Part		I Information							
1a		isa (for example, F, J, M, Q, etc.) and date you ente							
b	Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions.								
	E4								
2	Of what count								
_									
_	3a What country or countries issued you a passport? CHINA								
_	b Enter your passport number(s) ► <u>E31569279</u>								
4a	Enter the actu	al number of days you were present in the United S	States during:						
	2019 141	019 <u>141</u> 2018 <u>0</u> 2017 <u>0</u>							
b	Enter the num	ber of days in 2019 you claim you can exclude for p	ourposes of the sub	ostantial presence test 🕨 141					
Part	Teache	rs and Trainees							
5	For teachers.	enter the name, address, and telephone number of	the academic instit	tution where you taught in 2019					
			<del></del>	·					
•									
6		For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program							
	you participate	ed in during 2019		<u> </u>					
7	Enter the type		2013	2014					
	2015								
	of these years changed, attach a statement showing the new visa type and the date it was acquired.								
0		Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior							
8									
		d the "Yes" box on line 8, you cannot exclude days	s of presence as a	teacher or trainee unless					
		Exception explained in the instructions.							
Part	III Studen	ts							
9	Enter the nam	e, address, and telephone number of the academic	institution you atte	ended during 2019 ►					
	UNIVERSITY OF SOUTHERN CALIFORNIA USC, OFFICE OF INTERNATIONAL SERVICE, LOS ANGELES, 90089, 8666015695								
10	other enegialized program you participated								
10 Enter the name, address, and telephone number of the director of the academic or other specialized program in during 2019 ► SAMANTHA GRAVES, USC VITERBI SCHOOL OF ENGINEERING, LOS ANGELES, CA, 90089, 213									
- 2	an during 2018	SAMANTIA GRAVES, OSC VITERBI SCHOOL OF		5 ANGLES, CA, 90009, 2137403403					
1									
/11	Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2013 2014								
	2015 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		sent in the United States as a teacher, trainee, or s							
12									
1	-								
		d the "Yes" box on line 12, you must provide su		in attached statement to					
1	establish that	establish that you do not intend to reside permanently in the United States.							
13	During 2019,	During 2019, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status							
		States or have an application pending to change							
	resident of the United States?								
14	If you checked	the "Yes" box on line 13, explain							
• •	, 5 4 511001101	2.1.5 . 55 . 55 . 51 mile 15, 0/piam P							

Page 2 Form 8843 (2019)

Part	IV Professional Athletes						
15	Enter the name of the charitable sports event(s) in the United States in which you competed competition ▶						
16	Enter the name(s) and employer identification number(s) of the charitable organization(s) the event(s)	at benefited from the sports					
	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.						
	V Individuals With a Medical Condition or Medical Problem						
17a	Describe the medical condition or medical problem that prevented you from leaving the United St						
b	Enter the date you intended to leave the United States prior to the onset of the medical condition on line 17a ▶	or medical problem described					
С	c Enter the date you actually left the United States ▶						
18	Physician's Statement:						
	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.						
	N. Charles W. F. L. Charles						
	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 I only i are fil this fo itself not w	f you ling orm by and vith	o the best of my knowledge and belief,  02.28.20					
retur	F2	Date					
1		Form <b>8843</b> (2019)					