



2418 W FLOURNOY STREET
CHICAGO
GROUND
United States of America ILLINOIS, 60612


Dear ANKIT KUMAR,

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 2018, 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

ANKIT KUMAR G SINGH

2018

FEDERAL FILING COPY

MAIL TO THE IRS



**Statement for Exempt Individuals and Individuals
With a Medical Condition**
For use by alien individuals only.

OMB No. 1545-0074

2018Attachment
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, 2018, or other tax year

beginning

, 2018, and ending

, 20

Your first name and initial

Last name

Your U.S. taxpayer identification number, if any

ANKIT KUMAR G

SINGH

653-83-3273

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

Address in country of residence

105, SHREE GANESH APT. GANDHAR NAGAR, KHADAK PADA,
KALYAN, THANE, MUMBAI, MH, INDIA
MUMBAI
INDIA 421301

Address in the United States

12418 W FLOURNOY STREET
GROUND
CHICAGO, IL 60612**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 08/08/2018
- 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) ▶ L8854663
- 4a** Enter the actual number of days you were present in the United States during:
2018 146 2017 0 2016 0
- b** Enter the number of days in 2018 you claim you can exclude for purposes of the substantial presence test ▶ 146

Part II Teachers and Trainees

- 5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2018 ▶
- 6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2018 ▶
- 7** Enter the type of U.S. visa (J or Q) you held during: ▶ 2012 2013
2014 2015 2016 2017 . 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 (2012 through 2017)? ☐ 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 2018 ▶
UNIVERSITY OF ILLINOIS AT CHICAGO, 1200 W HARRISON ST, CHICAGO, 60607, 3129967000
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2018 ▶ KATHLEEN, 1200 W HARRISON 2160 SSB MC 326, CHICAGO, IL, 60607, 3129963121
- 11** Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2012 2013
2014 2015 2016 2017 . 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 2018, 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 2018 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

04.02.19

 Date

STATEMENT FOR
EXEMPT INDIVIDUAL FOR
ANKIT KUMAR G SINGH

2018

YOUR COPY

RETAIN FOR YOUR RECORDS

COPY



Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

2018Attachment
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, 2018, or other tax year

beginning

, 2018, and ending

, 20

Your first name and initial

Last name

Your U.S. taxpayer identification number, if any

ANKIT KUMAR G

SINGH

653-83-3273

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

Address in country of residence

105, SHREE GANESH APT. GANDHAR NAGAR, KHADAK PADA,
KALYAN, THANE, MUMBAI, MH, INDIA
MUMBAI
INDIA 421301

Address in the United States

12418 W FLOURNOY STREET
GROUND
CHICAGO, IL 60612

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 08/08/2018
- 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) ► L8854663
- 4a** Enter the actual number of days you were present in the United States during:
2018 146 2017 0 2016 0
- b** Enter the number of days in 2018 you claim you can exclude for purposes of the substantial presence test ► 146

Part II Teachers and Trainees

- 5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2018 ►
- 6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2018 ►
- 7** Enter the type of U.S. visa (J or Q) you held during: ► 2012 2013
2014 2015 2016 2017 . 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 (2012 through 2017)? ☐ 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 2018 ► UNIVERSITY OF ILLINOIS AT CHICAGO, 1200 W HARRISON ST, CHICAGO, 60607, 3129967000
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2018 ► KATHLEEN, 1200 W HARRISON 2160 SSB MC 326, CHICAGO, IL, 60607, 3129963121
- 11** Enter the type of U.S. visa (F, J, M, or Q) you held during: ► 2012 2013
2014 2015 2016 2017 . 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 2018, 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 2018 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

04.02.19

Date