

Form **8843****Statement for Exempt Individuals and Individuals With a Medical Condition****For use by alien individuals only.**▶ In **Enter name** and its instructions is at www.irs.gov/form8843.

OMB No. 1545-0074

2013Attachment
Sequence No. **102**Department of the Treasury
Internal Revenue ServiceFor the year January 1—December 31, 2013, or other tax year
beginning , 2013, and ending 20 .Your first name and initial
InternationalLast name
StudiesYour U.S. taxpayer identification number, if any
123456789**Fill in your
addresses only if
you are filing this
form by itself and**

Address in country of residence

Address in the United States

Enter foreign address*
*It is not necessary to fill in
your address information if
this form is filed with your
Federal Tax Form.**Personal Information**visa (for example, F, J, M, Q, etc.) and date you entered the United States ▶ **F1 08/01/2012**immigrant 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 ▶ **12335853****4a** Enter the actual number of days you were present in the United States during:2013 **244** 2012 **123** 2011 **0****b** Enter the number of days in 2013 you claim you can exclude for purposes of the substantial presence test ▶ **244****Part II Teachers and Trainees****5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2013 ▶**F-1/J-1 Students can
exclude all days of
presence****6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2013 ▶**7** Enter the type of U.S. visa (J or Q) you held during: ▶ 2007 2008 2009 2010 2011 2012 . 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 (2007 through 2012)? ☐ 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 2013 ▶**Wake Forest University 1834 Wake Forest Road Winston Salem, NC 27109
336-758-4978****10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2013 ▶**Vinithra Sharma
Wake Forest University 1834 Wake Forest Road Winston Salem, NC 27109
336-758-4978****You can use your
academic dean's
name, address, and
phone number for this
field.****11** Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2007 2010 2011 2012 **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.**If your visa type has
changed, you will need to
include a copy of the
change of status approval
notice from USCIS or new
visa stamp in passport**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 show that you do not intend to reside permanently in the United States.**13** During 2013, 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 2013 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

It is not necessary to sign this form if it is being filed with a Federal Tax Return. If it is being filed alone, you must sign.