

Statement for Exempt Individuals and Individuals With a Medical Condition

2014

Attachment Sequence No. **102**

Department of the Treasury
Internal Revenue Service

► Information about Form 8843 and its instructions is at www.irs.gov/form8843.

For the year January 1—December 31, 2014, or other tax year

beginning _____, 2014, and ending _____, 20_____

Your first name and initial

Last name

Your U.S. taxpayer identification number, if any

Scholar P.

Sherman

123-45-6789

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

Address in country of residence

42 Wallaby Way
Sydney, NSW 2148
Australia

Address in the United States

1 Mustang Drive, Apt. 30
San Luis Obispo, CA 93405

Part I General Information

1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► J 09/01/2013

b Current nonimmigrant status and date of change (see instructions) ► J-1 09/01/2013

2 Of what country were you a citizen during the tax year? Australia

3a What country issued you a passport? Australia

b Enter your passport number ► 012345678

4a Enter the actual number of days you were present in the United States during:

2014 330 2013 92 2012 _____

b Enter the number of days in 2014 you claim you can exclude for purposes of the substantial presence test ► 422

Part II Teachers and Trainees

5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2014 ►

California Polytechnic State University, San Luis Obispo, CA 93407 805-756-4111

6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2014 ►

7 Enter the type of U.S. visa (J or Q) you held during: 2008 _____ 2009 _____
2010 _____ 2011 _____ 2012 _____ 2013 J . 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 (2008 through 2013)? 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 2014 ►

10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2014 ►

11 Enter the type of U.S. visa (F, J, M, or Q) you held during: 2008 _____ 2009 _____
2010 _____ 2011 _____ 2012 _____ 2013 _____ . 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 2014, 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 2014 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 Scholar P Sherman
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.

▶ Scholar P Sherman ▶ 3/15/2015
Your signature Date