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

beginning

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

For the year January 1—December 31, 2022, or other tax year , 2022, and ending

Your first name and initial Your U.S. taxpayer identification number, if any CHARLOTTE WILSON XXX-XX-XXXX Fill in your Address in the United States Address in country of residence addresses only if 21 GREENS ROAD STATE COLLEGE you are filing this RD 2 2302 STATE AVENUE, ROOM 3200 form by itself and RUAWAI 0592 ATLANTA, GA 30331 not with your tax return Part I General Information 1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States: F-1, DECEMBER 11, 2021 **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? NEW ZEALAND What country or countries issued you a passport? NEW ZEALAND Enter your passport number(s): 7839267 4a Enter the actual number of days you were present in the United States during: 2021 21 2020 Enter the number of days in 2022 you claim you can exclude for purposes of the substantial presence test: Part II **Teachers and Trainees** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2022: For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2022: Enter the type of U.S. visa (J or Q) you held during: 2016 a auring: 2020 2019 2021 . 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. Students Enter the name, address, and telephone number of the academic institution you attended during 2022: STATE COLLEGE, 2302 STATE AVENUE ATLANTA, GA 30331 (404) 338-9874 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated 10 in during 2022: DR. B JOHNS, SCHOOL OF ENGINEERING 2302 STATE AVENUE ATLANTA, GA 30331 (404)338-9874 Enter the type of U.S. visa (F, J, M, or Q) you held during: 2016_____ 11 2017 2020 2021 F . 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 more than 5 calendar ☐ 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 2022, 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 If you checked the "Yes" box on line 13, explain: 14

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| Part | W P | rofessional Athletes | |
|-----------------|---|--|--------------------------------|
| 15 | Enter t | he name of the charitable sports event(s) in the United States in which you competed during tition: | |
| 16 | Enter t | the name(s) and employer identification number(s) of the charitable organization(s) that be | nefited from the sports |
| Part | Note: \ organiz | You must attach a statement to verify that all of the net proceeds of the sports event(s) were contration(s) listed on line 16. Individuals With a Medical Condition or Medical Problem | |
| 17a | See ins | be the medical condition or medical problem that prevented you from leaving the United States. structions. | |
| b | Enter th | he date you intended to leave the United States prior to the onset of the medical condition or me | |
| С | Enter th | he 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 |
| itself not w | f you ling orm by and rith | Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the be they are true, correct, and complete. | st of my knowledge and belief, |
| your f | | Charlotte Wilson | Date |
| | | Todi Signature | Date |