

Claim for Refund and Request for Abatement

▶ See separate instructions.

Use Form 843 if your claim or request involves:

- (a) a refund of one of the taxes (other than income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding) or a fee, shown on line 3,
- (b) an abatement of FUTA tax or certain excise taxes, or
- (c) a refund or abatement of interest, penalties, or additions to tax for one of the reasons shown on line 5a.

Do not use Form 843 if your claim or request involves:

- (a) an overpayment of income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding (use the appropriate amended tax return),
- (b) a refund of excise taxes based on the nontaxable use or sale of fuels, or
- (c) an overpayment of excise taxes reported on Form(s) 11-C, 720, 730, or 2290.

Name(s) SUNILKUMAR MENDU	Your social security number 054-69-0688
Address (number, street, and room or suite no.) 276 E 22ND STREET, ap. 2R	Spouse's social security number
City or town, state, and ZIP code CHICAGO HEIGHTS, ILLINOIS 60411	Employer identification number (EIN)
Name and address shown on return if different from above	Daytime telephone number

1 Period. Prepare a separate Form 843 for each tax period or fee year. From 01/01/2020 to 12/31/2020	2 Amount to be refunded or abated: \$ 2267
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3 Type of tax or fee. Indicate the type of tax or fee to be refunded or abated or to which the interest, penalty, or addition to tax is related.

Employment Estate Gift Excise Income Fee

4 Type of penalty. If the claim or request involves a penalty, enter the Internal Revenue Code section on which the penalty is based (see instructions). IRC section:

5a Interest, penalties, and additions to tax. Check the box that indicates your reason for the request for refund or abatement. (If none apply, go to line 6.)

Interest was assessed as a result of IRS errors or delays.
 A penalty or addition to tax was the result of erroneous written advice from the IRS.
 Reasonable cause or other reason allowed under the law (other than erroneous written advice) can be shown for not assessing a penalty or addition to tax.

b Date(s) of payment(s) ▶ _____

6 Original return. Indicate the type of fee or return, if any, filed to which the tax, interest, penalty, or addition to tax relates.

706 709 940 941 943 945
 990-PF 1040 1120 4720 Other (specify) ▶ **1040-NR**

7 Explanation. Explain why you believe this claim or request should be allowed and show the computation of the amount shown on line 2. If you need more space, attach additional sheets.

I am a nonresident alien on a F1 visa. Section 3121 (b)(19) of the Internal Revenue Code and the regulations thereunder state that a nonresident alien on a F1 visa is not liable for paying Social Security and Medicare taxes on wages for as long as is a nonresident alien under the residency rules stated in Section 7701 (b) of the Internal Revenue Code. I state that for calendar year 2020 I was a full year nonresident alien not liable for the Social Security and Medicare tax.

Signature. If you are filing Form 843 to request a refund or abatement relating to a joint return, both you and your spouse must sign the claim. Claims filed by corporations must be signed by a corporate officer authorized to sign, and the officer's title must be shown.

Under penalties of perjury, I declare that I have examined this claim, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature (Title, if applicable. Claims by corporations must be signed by an officer.) _____ Date **04.16.21**

Signature (spouse, if joint return) _____ Date _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

Form 8316 Rev. January 2006	Department of the Treasury - Internal Revenue Service Information Regarding Request for Refund of Social Security Tax Erroneously Withheld on Wages Received by a Nonresident Alien on an F, J, or M Type Visa	OMB No. 1545 - 1862
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A Was the income that the Social Security taxes were withheld from directly related to your course of studies as identified by the provisions of your entry visa:

Yes No

B. If you checked "NO," the taxes were correctly withheld and you are not entitled to a refund. Do not complete the rest of this form.

C. If you checked "YES," you must first try to get a refund of the Social Security taxes from your employer before filing a claim with the Internal Revenue Service. If you did this but have not been able to get a refund from your employer, please complete the remainder of this form and attach it to your claim Form 843.

1. Has your employer paid you back for any part of the tax withheld <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	2. If yes, show amount \$
3. Have you authorized your employer to claim any part of the tax as a credit or refund <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	4. If yes, show amount \$
5. Has your employer claimed any part of the tax as a credit or refund <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not Know </div>	6. If yes, show amount \$

If you cannot get a statement from your employer concerning the above information, please tell us why in the space below.

On _____ (date) I requested a refund of Social Security and Medicare taxes from my employer, however I did not receive a reimbursement and was advised to apply directly with the Internal Revenue Service.

7. Have you claimed any part of the tax as credit against, or a refund of your Federal income tax <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	8. If yes, show amount \$
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9. Name and address of employer (include street, city, State and ZIP code)

GOVERNORS STATE UNIVERSITY
 1 UNIVERSITY PARKWAY, UNIVERSITY PARK, IL, 60411

Your signature 	Date 04.16.21
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Your telephone number (include area code)	Convenient hours for us to call
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Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us this information so that we can process your claim for refund of erroneously withheld FICA. We need to ensure that you are entitled to the refund and that your employer has not previously issued you a refund of this withholding. If you do not provide all of the information, we may not be able to process your claim. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions may be retained as long as their contents may become material in the administration of any Internal Revenue Law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on the individual circumstances. The estimated average time is 15 minutes. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, 1111 Constitution Ave. NW, Washington, DC 20224. Please do not send your order for Form 8316 to the Tax Products Coordinating Committee. Send your forms order to the IRS National Distribution Center.