

1575 TREMONT ST, UNIT 709 BOSTON, MA 02120

Dear RAVINA RAVINDRA,

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 2021, 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 May 17th. However, we recommend you mail it as soon as possible, using the United States Post Office certified mail service, to:

Department of the Treasury

Internal Revenue Service Austin, TX 73301-0215

If you want to use approved Private Delivery Service, please mail it to:

Austin - Internal Revenue Submission Processing Center 3651 S IH35, Austin, TX 78741

If you have any questions, please email us at hello@sprintax.com. Sincerely,

The Sprintax team



STATEMENT FOR EXEMPT INDIVIDUAL FOR

RAVINA RAVINDRA PATHAK 2021

FEDERAL FILING COPY

MAIL TO THE IRS

Form **8843**

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

2021

OMB No. 1545-0074

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, 2021, or other tax year , 2021, and ending

Attachment Sequence No. **102**

, 20

Your fire	t name and initial	La	st name	Your U.S. taxpayer	identification number, if any				
RAVI	NA RAVINDRA	PAT	HAK	083-69-	0589				
Fill in	your	Address in country of residence		Address in the United States					
	sses only if	F-2 PRAJKTA APARTMENT, SAMR	AT CHOWK	1575 TREMONT ST					
	e filing this	198-BUDHAWAR PETH		UNIT 709					
	by itself and ith your tax	SOLAPUR		BOSTON, MA 02120					
not w return	•	INDIA 413002							
Part		Information							
				Hard Distant Otata - N. E. Colonia					
		sa (for example, F, J, M, Q, etc.)	=						
b	Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions.								
	F1								
2	Of what count	ry or countries were you a citizen	رار during the tax year?	NDIA					
3a	What country or countries issued you a passport? INDIA								
b	Enter your passport number(s) ► <u>U2831689</u>								
4a	Enter the actua	al number of days you were prese	nt in the United States	s during:					
	2021 131	2020_ <u>0</u> 2019	0						
b	Enter the numl	oer of days in 2021 you claim you	can exclude for purpo	oses of the substantial presenc	ce test ▶ 131				
Part	Teacher	rs and Trainees							
5	For teachers, e	enter the name, address, and tele	ohone number of the a	academic institution where you	taught in 2021 ►				
6		For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program							
		ed in during 2021							
7	Enter the type	of U.S. visa (J or Q) you held duri	na: • 2015	2016					
•	2017	2018 2019	2010	If the type of visa	vou held during any				
		changed, attach a statement sho							
8	=	sent in the United States as a t		-					
O	• •	(2015 through 2020)?			•				
	•	I the "Yes" box on line 8, you can							
		Exception explained in the instruct		presence as a teacher of train	ee uniess				
Part		· · · · · · · · · · · · · · · · · · ·	10110.						
9		e, address, and telephone numbe	r of the academic inst	tution you attended during 201	D1 \				
9									
	NORTHEASTER	RN UNIVERSITY, 360 HUNTINGTON	AVENUE, 405 ELL HALI	_, BOSTON, MA, 02115, 61737320					
40									
Enter the name, address, and telephone number of the director of the academic or other specialized progr									
in during 2021 ► ALYSSA BULPETT, 360 HUNTINGTON AVENUE, 405 ELL HALL, BOSTON, MA, 02115, 6173732000									
11		of U.S. visa (F, J, M, or Q) you he	d during: ► 2015	2016	<u> </u>				
	2017			If the type of visa					
	of these years	changed, attach a statement sho	wing the new visa type	e and the date it was acquired.					
12	Were you pres	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 2021, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status							
. •		n the United States or have an application pending to change your status to that of a lawful permanent							
		States or have an application pe	ending to change you	ir status to that of a lawiiii n	EIIIaiieiil				
	resident of the								
14		States or have an application per United States? I the "Yes" box on line 13, explain			□ Yes ☒ No				

Form 8843 (2021) Page **2**

Part	IV P	Professional Athletes					
15	compe	the name of the charitable sports event(s) in the United States in which you competed extition					
16	Enter t event(s	the name(s) and employer identification number(s) of the charitable organization(s) the	at benefited from the sports				
Dort	Note: \	You must attach a statement to verify that all of the net proceeds of the sports event(s) wer zation(s) listed on line 16.					
17a		be the medical condition or medical problem that prevented you from leaving the United St	atos				
	See ins	structions. ►					
b	Enter tl	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 ▶					
С	Enter tl	he date you actually left the United States ▶					
18	Physician's Statement:						
	I certify	y 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 I		Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to they are true, correct, and complete.					
are fil	ling orm by		20.44.25				
not w	ith		03.14.22				
returr		Your signature	Date				

Form **8843** (2021)



STATEMENT FOR EXEMPT INDIVIDUAL FOR

RAVINA RAVINDRA PATHAK

2021

YOUR COPY

RETAIN FOR YOUR RECORDS

Form **8843**

Statement for Exempt Individuals and Individuals With a Medical Condition

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2021

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, 2021, or other tax year , 2021, and ending

, 20

Your first name and initial Last name Your U.S. taxpayer identification number, if any RAVINA RAVINDRA **PATHAK** 083-69-0589 Fill in your Address in the United States Address in country of residence addresses only if F-2 PRAJKTA APARTMENT. SAMRAT CHOWK 1575 TREMONT ST you are filing this 198-BUDHAWAR PETH **UNIT 709** form by itself and **SOLAPUR BOSTON, MA 02120** not with your tax INDIA 413002 return Part I General Information Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► F1 08/23/2021 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? INDIA 2 What country or countries issued you a passport? INDIA Enter your passport number(s) ▶ <u>U2831689</u> Enter the actual number of days you were present in the United States during: 2020 o 2019 0 b Enter the number of days in 2021 you claim you can exclude for purposes of the substantial presence test ▶ 131 **Teachers and Trainees** Part II For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2021 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2021 ▶ Enter the type of U.S. visa (J or Q) you held during:

2019
2019 2020 _____. 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. Part III **Students** Enter the name, address, and telephone number of the academic institution you attended during 2021 ▶ NORTHEASTERN UNIVERSITY, 360 HUNTINGTON AVENUE, 405 ELL HALL, BOSTON, MA, 02115, 6173732000 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2021 ► ALYSSA BULPETT, 360 HUNTINGTON AVENUE, 405 ELL HALL, BOSTON, MA, 02115, 6173732000 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2015_ 11 2020 . If the type of visa you held during any 2017 2018 2019 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 12 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. During 2021, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status 13 in the United States or have an application pending to change your status to that of a lawful permanent ☐ Yes X No If you checked the "Yes" box on line 13, explain ▶ 14

Form 8843 (2021) Page **2**

Part	V Professional Athletes				
15	Enter the name of the charitable sports event(s) in the United States in which you competed competition ▶				
16	Enter the name(s) and employer identification number(s) of the charitable organization(s) the event(s) ▶	nat benefited from the sports			
Dowl	Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were organization(s) listed on line 16.				
Part 17a		tataa			
1 <i>1</i> a	Describe the medical condition or medical problem that prevented you from leaving the United S See instructions. ▶				
b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem descondine 17a ▶					
_	Enter the data you patually left the United Ctates				
С	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 described on line 17a and there was no indication that his or her condition or problem was preex	•			
	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 I only it are fil this fo	they are true, correct, and complete.	o the best of my knowledge and belief,			
tself not w our t	and the state of t	03.14.22			
eturr	Your signature Your signature	Date			

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