Part IV  Professional Athletes  SKIP THIS SECTION

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2016 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  SKIP THIS SECTION

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

WHERE TO SEND THIS FORM:

If you are filing a 2016 Form 1040 NR or 1040-EZ, attach this form to it. Mail your tax return by the due date (including extensions) to the address shown in your tax return instructions.

If you do not have to file a 2016 tax return, mail this form to:

Department of the Treasury
Internal Revenue Service Center
Austin, TX  73301-0215