

# Tax Information Authorization

▶ **Do not use this form to request a copy or transcript of your tax return.  
Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1165  
**For IRS Use Only**

Received by: \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Function \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Social security number(s)	Employer identification number
	Daytime telephone number	Plan number (if applicable) <b>001</b>

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

Name and address <b>Gregory D. Wolf; ICE MILLER LLP; One American Square, Suite 2900; Indianapolis, IN 46282-0200</b>	CAF No. _____ Telephone No. <b>317-236-2201</b> Fax No. <b>317-592-4279</b>
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**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
<b>All matters regarding the qualification of the taxpayer's plan under IRC Section 401(a).</b>	<b>Form 5300</b>	<b>N/A</b>	<b>N/A</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6 . . . . . ▶

- 5 Disclosure of tax information** (you **must** check the box on line 5a or 5b unless the box on line 4 is checked):
- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . . ▶
  - b** If you do not want any copies of notices or communications sent to your appointee, check this box . . . . . ▶

**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box . . . . . ▶

To revoke this tax information authorization, see the instructions on page 3.

**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.  
▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

PIN number for electronic signature

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

PIN number for electronic signature