Form **8821**

(Rev. January 2018)

Department of the Treasury Internal Revenue Service

Tax Information Authorization

► Go to www.irs.gov/Form8821 for instructions and the latest information.

▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165			
For IRS Use Only			
Received by:			
Name			
Telephone			
Function			
Date			

1 Taxpayer information. Taxpayer Taxpayer name and address	er must sign and date this form	on line 7. Taxpayer identification number(s)		
		Taxpay of Taominoation Hamber (e)		
		Daytime telephone nu	mber Plan number (if applicable)	
2 Appointee. If you wish to name appointees is attached ▶ ☐	more than one appointee, atta	ch a list to this form. Check her	re if a list of additional	
lame and address		CAF No.		
			CAF No. PTIN	
		Telephone No.		
		Fax No.		
		Check if new: Address	Telephone No. Fax No.	
3 Tax Information. Appointee is a periods, and specific matters yo			n for the type of tax, forms,	
☐ By checking here, I authorize	access to my IRS records via	an Intermediate Service Provide	er.	
(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters	
 4 Specific use not recorded on use not recorded on CAF, check 5 Disclosure of tax information (a lf you want copies of tax information) 	this box. See the instructions. you must check a box on line	. If you check this box, skip lines 5a or 5b unless the box on line	s 5 and 6 ▶ □ 4 is checked):	
		· · · · · · · · · · · · · · · ·		
Note. Appointees will no longer b If you don't want any copies of r	-			
6 Retention/revocation of prior to isn't checked, the IRS will automobox and attach a copy of the Tale	natically revoke all prior Tax Inf	ormation Authorizations on file u	inless you check the line 6	
To revoke a prior tax information	authorization(s) without subm	itting a new authorization, see the	ne line 6 instructions.	
administrator, trustee, or party of	Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative, 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 and tax periods shown on line 3 above.			
► IF NOT COMPLETE, SIGNED), AND DATED, THIS TAX INF	ORMATION AUTHORIZATION	WILL BE RETURNED.	
► DON'T SIGN THIS FORM IF	IT IS BLANK OR INCOMPLET	E.		
 Signature			Date	
Print Name		Ti	itle (if applicable)	