## 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.

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

				Date		
1	Taxpayer information. Taxpaye	er must sign and date this form o	on line 7.	·		
Taxpayer name and address			Taxpayer identification number(s)			
			Daytime telephone num	ber Plan number (if applicable)		
2	Appointee. If you wish to name more than one appointee, attach a list to this form. Check here if a list of additional appointees is attached ▶ ☐					
Nan	ne and address		CAF No.			
			PTIN			
			PTIN Telephone No.			
			rax No.			
			Check if new: Address  T	elephone No. 🗌 🛮 Fax No. 🔲		
3	<b>Tax Information.</b> Appointee is a periods, and specific matters yo			or the type of tax, forms,		
	☐ By checking here, I authorize	e access to my IRS records via a	ın Intermediate Service Provider.			
En	(a) Type of Tax Information (Income, nployment, Payroll, Excise, Estate, Gift,	(b) Tax Form Number	(c) Year(s) or Period(s)	(d) Specific Tax Matters		
	vil Penalty, Sec. 4980H Payments, etc.)	(1040, 941, 720, etc.)				
4	Specific use not recorded on use not recorded on CAF, check		e (CAF). If the tax information auf you check this box, skip lines 5			
- 5	Disclosure of tax information (	you <b>must</b> check a box on line 5	a or 5b unless the box on line 4 i	s checked):		
	a If you want copies of tax information basis, check this box	-				
	Note. Appointees will no longer	receive forms, publications, and	other related materials with the	notices.		
ı	b If you don't want any copies of r					
6		natically revoke all prior Tax Info	. If the line 4 box is checked, skip rmation Authorizations on file un at you want to retain.	less you check the line 6		
	To revoke a prior tax information	n authorization(s) without submit	ting a new authorization, see the	line 6 instructions.		
7	7 <b>Signature of taxpayer.</b> 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.					
	·		DRMATION AUTHORIZATION V	VILL BE RETUKNED.		
	► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.					
	Signature		Date			
	Signature		Da	ıe		
	Print Name		Title (if applicable)			