

## Tax Information Authorization

▶ Go to [www.irs.gov/Form8821](http://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. See instructions.

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

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

|                           |                                   |
|---------------------------|-----------------------------------|
| Taxpayer name and address | Taxpayer identification number(s) |
|                           | Daytime telephone number          |
|                           | Plan number (if applicable)       |

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

|  |  |
|--|--|
| Name and address   | CAF No. _____<br>PTIN _____<br>Telephone No. _____<br>Fax No. _____  |
| <b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/> | Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |

|  |  |
|--|--|
| Name and address   | CAF No. _____<br>PTIN _____<br>Telephone No. _____<br>Fax No. _____  |
| <b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/> | Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |

**3 Tax information.** Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

| (a)<br>Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.) | (b)<br>Tax Form Number (1040, 941, 720, etc.) | (c)<br>Year(s) or Period(s) | (d)<br>Specific Tax Matters |
|--|---|-----------------------------|-----------------------------|
| Income   | 1040  | <b>2017-2022</b>            |                             |
|  |   |                             |                             |
|  |   |                             |                             |

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

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ▶   
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

|            |                       |
|------------|-----------------------|
| Signature  | Date                  |
| Print Name | Title (if applicable) |