# Tax Information Authorization

**Form 8821**

## 1 Taxpayer Information
Taxpayer must sign and date this form on line 7.

**Taxpayer name and address**

**Taxpayer Identification number(s)**

**Daytime telephone number**

**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.

**Name and address**

**CAF No.** None

**PIN**

**Telephone No.** (888) 800-5599

**Fax No.** (414) 918-4463

## 3 Tax Information
Appointee 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.

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

## 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. If you check this box, skip lines 5 and 6.

□

## 5 Disclosure of tax information (you must check a 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.

  ☐

  **Note.** Appointee will no longer receive forms, publications, and other related materials with the notices.

- **b** If you don’t want any copies of notices or communications sent to your appointee, check this box.

  ☐

## 6 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 6 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 6 instructions.

## 7 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 INFORMATION AUTHORIZATION WILL BE RETURNED.**

**DON’T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

**Signature**

**Date**

**HCSR**

**Print Name**

**Title (if applicable)**

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.