

## 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
<b>For IRS Use Only</b>
Received by:
Name _____
Telephone _____
Function _____
Date _____

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

Taxpayer name and address <b>SARAH VAIL</b> 12236 WEST PIMA STREET AVONDALE AZ 85323	Taxpayer identification number(s) 601-22-1174
	Daytime telephone number (928) 853-4143
	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 <b>TAX STATUS INC</b> 5605 FM 423 STE 500 PMB 374 FRISCO, TX 75036	CAF No. 0315-00977R PTIN _____ Telephone No. (469) 457-4017 Fax No. (404) 393-4291
<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 <b>STEPHANIE MCDONALD</b> 5605 FM 423 STE 500 PMB 347 FRISCO, TX 75036	CAF No. 0315-92169R PTIN _____ Telephone No. (469) 457-4017 Fax No. (404) 393-4291
<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) 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
INCOME	1040	2014 through 2027	N/A
SEPARATE ASSESSMENT	1040 SEP	2014 through 2027	N/A
CIVIL PENALTY	CIV PEN	2014 through 2027	N/A

**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.

E-SIGN: SARAH VAIL  
ON 7/10/2024 5:12:56 PM DOCNUM: 1HRCKWJJBHYF

Signature

SARAH VAIL

Print Name

Date

7/10/2024

Title (if applicable)

**Additional Designees**

MARGE LAWSON 13123 E EMERALD COAST PKWY B-245 INLET BEACH, FL 32461	CAF No. 6505-91869R PTIN P01289253 Telephone No. (404) 229-6071 Fax No. (678) 623-3535
ZACHARY ORMSBY 3011 TRIWAY LANE HOUSTON, TX 77043	CAF No. 0315-16133R PTIN P02158084 Telephone No. (281) 221-7869 Fax No. (805) 253-3912
ALEJANDRA ASTUDILLO 5410 MARCELLA AVE UNIT 24 LAREDO, TX 78041	CAF No. 0316-03692R PTIN Telephone No. (956) 221-3782 Fax No. (805) 715-3770
D. MARIE SUTTLES 710 DACULA RD STE 4A PMB 203 DACULA, GA 30019	CAF No. 0100-67803R PTIN P01501813 Telephone No. (404) 317-7492 Fax No. (404) 393-7251
SAMUEL SHU 350 N LANTANA STREET STE 229 CAMARILLO, CA 93010	CAF No. APPLIED FOR PTIN P03113993 Telephone No. (805) 836-9009 Fax No. (805) 892-6122