Form **8821**

(Rev. February 2020)

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	l by:			
Name_				
Telephor	ne			
Function				
Date				

1 Taxpayer information. Taxpay	er must sign and date this form	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 appointees is attached ►	e more than one appointee, atta	ch a list to this form. Check here	if a list of additional	
Name and address		CAF No.		
		PTIN		
		Telephone No.		
		Fax No.	······	
		Check if new: Address To	elephone No. 🗌 🛮 Fax No. 🔲	
3 Tax Information. Appointee is periods, and specific matters y	authorized to inspect and/or red ou list below. See the line 3 inst		or the type of tax, forms,	
☐ By checking here, I authorize	e access to my IRS records via	an Intermediate Service Provider.		
(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters	
Civil Pénalty, Sec. 4980H Payments, etc.				
4 Specific use not recorded or use not recorded on CAF, check	Centralized Authorization Filk this box. See the instructions.	le (CAF). If the tax information au . If you check this box, skip lines 5	thorization is for a specific and 6 ▶ □	
5 Disclosure of tax information	(you must check a box on line	5a or 5b unless the box on line 4 is	s checked):	
a If you want copies of tax info	rmation, notices, and other wr	itten communications sent to the	appointee on an ongoing	
		d other related materials with the notices.		
		it to your appointee, check this bo		
6 Retention/revocation of prior	tax information authorization	s. If the line 4 box is checked, ski	ip this line. If the line 4 box	
box and attach a copy of the Ta	ax Information Authorization(s) t	nformation Authorizations on file unhat you want to retain	▶ □	
	or, receiver, administrator, trust	r, guardian, partnership representatee, or party other than the taxpayeters and tax periods shown on line	er, I certify that I have the	
► IF NOT COMPLETE, SIGNE	D, AND DATED, THIS TAX INF	FORMATION AUTHORIZATION W	/ILL BE RETURNED.	
► DON'T SIGN THIS FORM IF	IT IS BLANK OR INCOMPLET	re.		
				
Signature		Dat	re	
Print Name		Title (if applicable)		