

Form **8821**

(Rev. January 2021)

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. 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

C2 Labs Holdings, Inc.
74 East Glenwood Avenue Unit #5903
Smyrna, DE 19977 United States

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

Erik Treutlein
10601 Clarence Dr. Suite 250
Frisco, TX 75033 United States

CAF No. _____

PTIN _____

Telephone No. 866-767-5850Fax No. 323-978-1998Check if new: Address ☐ Telephone No. ☐ Fax No. ☐**Check if to be sent copies of notices and communications** ☒

Name and address

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐**Check if to be sent copies of notices and communications** ☐**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
Employer Identification Number	SS-4/CP 575 A, 147c letter	2024, 2025, 2026	Employer Identification Number

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.***Camila Cruz*

Signature

10/17/2025

Date

Camila Cruz

Print Name

Founder

Title (if applicable)