

Section 1 is completed with participant or representative employer name, address, social security number and telephone information. This should be the same individual as named in Box 1 of Form SS-4.

Enter the EIN for the participant that was obtained with Form SS-4.

Form **8821**  
 (Rev. March 2015)  
 Department of the Treasury  
 Internal Revenue Service

**Tax Information Authorization**  
 ▶ Information about Form 8821 and its instructions is at [www.irs.gov/form8821](http://www.irs.gov/form8821).  
 ▶ Do not sign this form unless all applicable lines have been completed.  
 ▶ Do not use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1105  
 For IRS Use Only  
 Received by: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Function: \_\_\_\_\_  
 Date: \_\_\_\_\_

**1 Taxpayer information.** Taxpayer must sign and date this form on line 7.  
 Taxpayer name and address  
 Participant or representative employer's name and address.  
 Name should match Box 1 on IRS Form SS-4

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  
 F/EA Staff Person's name, F/EA Name, Address  
 Can have a total of three designees.

CAF No. \_\_\_\_\_ **Complete if have CAF**  
 PTIN \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Fax No. \_\_\_\_\_  
 Check if new: Address  Telephone No.  Fax No.

**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.

(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 tax withholding and employment taxes	940 940R 941 941R 941x W2 W2c	Quarters 1, 2, 3, 4 YYYY-YYYY	Tax Liability

**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.** Appointees will no longer receive forms, publications, and other related materials with the notices.  
 b If you do not 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 is not 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, 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.  
 ▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Employer Name \_\_\_\_\_ HCSR  
 Print Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

Enter the name of the F/EA staff person who is being appointed as a designee. Enter F/EA name and address. A single Form 8821 can be used to appoint up to three separate F/EA staff people. Attach another sheet as necessary.

If the appointee has been assigned a CAF No. by the IRS, enter it here. If a CAF has not been assigned, leave blank and a CAF will be assigned and mailed to appointee.

Complete Section 3 as shown. Section 3.c must include individual quarters and can include up to 3 years. After 3 years, a new Form 8821 must be completed and submitted.

Complete Sections 4, 5 and 6 as shown. Individual listed in Section 1 signs and dates in Section 7, unless court appointed guardian exists for individual. If so, guardian signs and includes papers.