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. Taxpay	er must sign and date this f	orm o	n line 6	•	-	
Taxpayer name and address				Taxpayer identification number(s)		
				Daytime telephone numb	per Plan number	(if applicable)
2 Designee(s). If you wish to nam designees is attached ▶ □	ne more than two designees	s, atta	ch a list	to this form. Check here	if a list of addit	ional
Name and address			CAF No.			
			PTIN			
			Telephone No.			
			Fax No	0.		
Check if to be sent copies of notices and communications			Check if new: Address			
Name and address			CAF N	lo		
			PIIN			
			Telephone No.			
			Fax No.			
Check if to be sent copies of notices and communications			Check if new: Address			
3 Tax information. Each designe periods, and specific matters yo				confidential tax informati	on for the type of	tax, forms,
☐ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.						
(a) (b) Type of Tax Information (Income, imployment, Payroll, Excise, Estate, Gift, civil Penalty, Sec. 4980H Payments, etc.)			(c) Year(s) or Period(s)		(d) Specific Tax Matters	
4 Specific use not recorded on CA specific use not recorded on CA						
5 Retention/revocation of prior isn't checked, the IRS will autobox and attach a copy of the ta To revoke a prior tax informatio	omatically revoke all prior to ax information authorization	ax info	ormation at you w	n authorizations on file urant to retain	nless you check	the line 5
6 Taxpayer signature. If signed be individual, if applicable), execut the legal authority to execute the	or, receiver, administrator, t	ruste	e, or inc	lividual other than the tax	payer, I certify tha	at I have
► IF NOT COMPLETED, SIGN	ED, AND DATED, THIS TA	X INF	ORMA	TION AUTHORIZATION	WILL BE RETUR	NED.
► DON'T SIGN THIS FORM IF	IT IS BLANK OR INCOMP	LETE	i .			
Signature				Date:		
Signature				Dat	5	
Print Name			Title (if applicable)			