

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 _____

Please fill in your name and address →

Please fill in your phone number here.

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

Taxpayer name and address _____ You must list a physical address. A PO box will not be accepted.

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 _____ CAF No. _____
 PTIN _____
 Telephone No. _____
 Fax No. _____

Check if to be sent copies of notices and communications Check if new: Address Telephone No. Fax No.

Name and address _____ CAF No. _____
 PTIN _____
 Telephone No. _____
 Fax No. _____

Check if to be sent copies of notices and communications Check if new: Address Telephone No. Fax No.

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
EMPLOYMENT TAXES	940 AND 941	Q1 2025 THRU Q4 2027	NOT APPLICABLE
EMPLOYMENT TAXES	W2 AND W3	2025 THRU 2027	NOT APPLICABLE
INCOME TAXES	1099	2025 THRU 2027	NOT APPLICABLE

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.

Please sign your name here.

Enter date here.

Please print your name here.

Signature _____ Date _____

Print Name _____ Title (if applicable) _____

HCSR EMPLOYER