



Form **8821**  
(Rev. January 2021)  
Department of the Treasury  
Internal Revenue Service

## Tax Information Authorization

- Go to [www.irs.gov/Form8821](https://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: **OMB No.**  
Name: **Received by**  
Telephone: **Name**  
Function: **(555)**  
Date: **4/4/2021**  
**Function and Date**

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

Taxpayer name and address Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	Taxpayer identification number(s) Taxpayer identification number(s)
	Daytime telephone number (555) 444-3333
	Plan number (if applicable) 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 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	CAF No. <u>Designee 1 CAF No.</u>
	PTIN <u>Designee 1 PTIN</u>
<b>Check if to be sent copies of notices and communications</b> <input checked="" type="checkbox"/>	Telephone No. <u>(555) 444-3333</u>
	Fax No. <u>(555) 444-3333</u>
Name and address Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	Check if new: Address <input checked="" type="checkbox"/> Telephone No. <input checked="" type="checkbox"/> Fax No. <input checked="" type="checkbox"/>
	CAF No. <u>Designee 2 CAF No.</u>
<b>Check if to be sent copies of notices and communications</b> <input checked="" type="checkbox"/>	PTIN <u>Designee 2 PTIN</u>
	Telephone No. <u>(555) 444-3333</u>
	Fax No. <u>(555) 444-3333</u>
	Check if new: Address <input checked="" type="checkbox"/> Telephone No. <input checked="" type="checkbox"/> Fax No. <input checked="" type="checkbox"/>

**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
Type of Tax Information Row 1	Tax Form Number Row 1	Year(s) or Period(s) Row 1	Specific Tax Matters Row 1
Type of Tax Information Row 2	Tax Form Number Row 2	Year(s) or Period(s) Row 2	Specific Tax Matters Row 2
Type of Tax Information Row 3	Tax Form Number Row 3	Year(s) or Period(s) Row 3	Specific Tax Matters Row 3

**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.

Signature

Date

Print Name

Title (if applicable)