

# SAMPLE

Form **8821**  
(Rev. April 2004)  
Department of the Treasury  
Internal Revenue Service

## Tax Information Authorization

▶ Do not use this form to request a copy or transcript of your tax return.  
Instead, use Form 4506 or Form 4506-T.

OMB No. 1545-1165  
**For IRS Use Only**

Received by: \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Function \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on line 7.

|  |  |  |
|--|--|--|
| Taxpayer name(s) and address (type or print) | Social security number(s)<br>: :<br>: :<br>: : | Employer identification number<br>: :<br>: : |
|  | Daytime telephone number<br>( )                | Plan number (if applicable)                  |

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

|                  |   |
|------------------|---|
| Name and address | CAF No. _____<br>Telephone No. _____<br>Fax No. _____<br>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
|------------------|---|

**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

| (a)<br>Type of Tax<br>(Income, Employment, Excise, etc.)<br>or Civil Penalty | (b)<br>Tax Form Number<br>(1040, 941, 720, etc.) | (c)<br>Year(s) or Period(s)<br>(see the instructions for line 3) | (d)<br>Specific Tax Matters (see instr.) |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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 on page 3. 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 . . . . . ▶

b If you do not want any copies of notices or communications sent to your appointee, check this box . . . . . ▶

**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box . . . . . ▶   
To revoke this tax information authorization, see the instructions on page 3.

**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, either husband or wife must sign. 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/periods on line 3 above.

▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

|  |                       |  |                       |
|--|-----------------------|--|-----------------------|
| Signature  | Date                  | Signature  | Date                  |
| Print Name   | Title (if applicable) | Print Name   | Title (if applicable) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature |                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature |                       |

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

MGA

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**SIGN HERE**                      **DATE HERE**