Form 8821 (Rev. January 2018) Department of the Treasury Internal Revenue Service	 ► 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. 					OMB No. 1545-1165 For IRS Use Only Received by: Name Telephone Function Date	
1 Taxpayer information		r must sign and date this form	on line 7	Taxpayer identificatior	number	-(c)	
Taxpayer name and addre					mumber	(3)	
				Daytime telephone nu	mber Pl	an number (if applicable)	
2 Appointee. If you wi appointees is attac		more than one appointee, atta	ch a list t	to this form. Check here	e if a list	of additional	
Name and address				CAF No.			
			Telephone No.				
			Fax No Check if new: Address				
3 Tax Information An	nointee is a	uthorized to inspect and/or red					
		I list below. See the line 3 inst				ype of tax, torns,	
	-				_		
	e, i authorize	access to my IRS records via	an Interr	nediate Service Provide	r.		
(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	
			_				
		Centralized Authorization Fint this box. See the instructions.					
5 Disclosure of tax in	formation (ou must check a box on line	5a or 5b	unless the box on line 4	is check	(ed):	
basis, check this box	<	nation, notices, and other wr				🕨 🔲	
		eceive forms, publications, an					
b If you don't want any	copies of n	otices or communications sen	t to your	appointee, check this b	OX	►	
isn't checked, the IR	S will autom	ax information authorization atically revoke all prior Tax Information Authorization(s) t	ormation	Authorizations on file u	nless you	u check the line 6	
To revoke a prior tax	information	authorization(s) without subm	itting a n	ew authorization, see th	ie line 6 i	nstructions.	
administrator, trustee	e, or party of	by a corporate officer, partne ther than the taxpayer, I certify shown on line 3 above.	r, guardia that I ha	an, partnership represer ave the authority to exec	tative, ex ute this f	kecutor, receiver, form with respect to	
► IF NOT COMPLE	TE, SIGNED	, AND DATED, THIS TAX INF	ORMAT	ION AUTHORIZATION	WILL BE	E RETURNED.	
DON'T SIGN THIS	6 FORM IF I	T IS BLANK OR INCOMPLET	E.				
Signature				E	Date		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Title (if applicable)

Print Name