

Box 1 is completed with the participant/representative employer information. This should be the same individual listed on Box 1 on the SS-4.

Enter the EIN obtained with Form SS-4

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. Taxpayer must sign and date this form on line 6.
Taxpayer name and address _____ Taxpayer identification number(s) _____
Participant or Representative Employer's Name and Address _____ EIN for the Employer obtained from the SS-4 _____
Name should match Box 1 on IRS Form SS-4 _____ Daytime telephone number _____ Plan number (if applicable) _____
Employer Phone _____

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. _____ Enter the CAF # for the F/EA designee (if assigned) _____
F/EA Staff First and Last Name _____ PTIN _____
F/EA Address _____ Telephone No. _____ F/EA Phone _____
Fax No. _____ F/EA Fax _____
Check if to be sent copies of notices and communications Check if new: Address Telephone No. Fax No.

Name and address _____ CAF No. _____ Enter the CAF # for the F/EA designee (if assigned) _____
F/EA Staff First and Last Name _____ PTIN _____
F/EA Address _____ Telephone No. _____ F/EA Phone _____
Fax No. _____ F/EA Fax _____
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 |
|--|---|-----------------------------|-----------------------------|
| income tax withholding, employment tax | 940 940R 941 941X 941R W2 W2C | Q1, Q2, Q3, Q4 YYYY- YYYY | Tax Liability |
| | | | |
| | | | |

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) _____
HCSR

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 11596P Form **8821** (Rev. 01-2021)

Enter the name of the F/EA staff being appointed as a designee. Enter the F/EA name and address.

If the appointee has been assigned a CAF number by the IRS, enter it here. If a CAF has not yet been assigned, leave this field blank and the IRS will issue a CAF. The appointee will only receive a single CAF number.

Complete Box 3 as shown. Box 3c must include individual quarters and years. 3 years can be listed. Once this form expires, a new form must be completed and submitted.

**Example IRS Form 8821
Used for Participant Employer to Designate
Fiscal/Employer Agent as Appointees for Employment Tax Purposes**