## 8821 Form

(Rev. March 2015)

Department of the Treasury Internal Revenue Service

## **Tax Information Authorization**

► Information about Form 8821 and its instructions is at www.irs.gov/form8821.

➤ Do not sign this form unless all applicable lines have been completed.
➤ Do not 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. Taxpaye	er must sign and date this form o	n line 7.		
Taxpayer name and address		Taxpayer identification number(s)		
		Daytime telephone numb	per Plan number (if applicable)	
2 Appointee. If you wish to name appointees is attached ►	more than one appointee, attach	a list to this form. Check here if	a list of additional	
Name and address		CAF No. 0311-64201R		
Carolyn Lynch, EA		PTIN P00660381		
3288 Delsea Dr., Suite E Franklinville, NJ 08322		Telephone No. 856-512-2058		
		Fax No. 856-512-2	<u> </u>	
			elephone No.	
3 Tax Information. Appointee is a periods, and specific matters you		ctions.		
(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	
	this box. See the instructions. If	you check this box, skip lines 5 a	nd 6 ▶	
•	tion, notices, and other written c	ommunications sent to the appoir	tee on an ongoing	
<b>Note.</b> Appointees will no longer receive forms, publications, and other related materials with the notices. <b>b</b> If you do not want any copies of notices or communications sent to your appointee, check this box▶				
bill you do not want any copies of	Tionices of confindincations sem	to your appointee, check this bo	x	
	matically revoke all prior Tax Info	If the line 4 box is checked, skip ormation Authorizations on file unlutyou want to retain	ess you check the line 6	
To revoke a prior tax information	authorization(s) without submitted	ting a new authorization, see the	line 6 instructions.	
		guardian, executor, receiver, adm execute this form with respect to		
► IF NOT COMPLETE, SIGNED	, AND DATED, THIS TAX INFO	RMATION AUTHORIZATION W	LL BE RETURNED.	
► DO NOT SIGN THIS FORM IF	IT IS BLANK OR INCOMPLET	E.		
<u> </u>				
Signature		Dat	:	
Print Name		Title	Title (if applicable)	