## 8821

(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 of	on line 7.		
Taxpayer name and address		Taxpayer identification number(s)		
		Daytime telephone number Plan number (if applicable)		
		Daytime telephone num	i iaii fiumbei (ii applicable)	
2 Appointee. If you wish to name appointees is attached ▶ □	more than one appointee, attac	h a list to this form. Check here	if a list of additional	
Name and address		CAF No.		
ARIS SOLUTIONS FISCAL AGENT		PTIN		
PO BOX 4409		Telephone No. 866-970-3301		
WHITE RIVER JUNCTION, VT 05001		Fax No. 802-295-9812 Check if new: Address Telephone No. Fax No.		
<b>3 Tax Information.</b> Appointee is a periods, and specific matters yo		eive confidential tax information	<u> </u>	
(a)	(b)	(c)	(d)	
Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)	Specific Tax Matters	
EMPLOYMENT	941,940,941R, 941X, W2, W3	2018-2021	TAX LIABILITY	
EMI EOTMENT	741,740,7411(,741)(,102,100	2018-2021	TAX EINBIETT	
	W2C			
5 Disclosure of tax information ( a If you want copies of tax information ( basis, check this box Note. Appointees will no longer b If you do not want any copies of  6 Retention/revocation of prior to is not checked, the IRS will auto box and attach a copy of the Tax	you must check a box on line 5 mation, notices, and other writ receive forms, publications, and notices or communications ser tax information authorizations matically revoke all prior Tax Information Authorization(s) the	a or 5b unless the box on line 4 ten communications sent to the control of other related materials with the state to your appointee, check this but the line 4 box is checked, ski formation Authorizations on file unat you want to retain.	is checked): e appointee on an ongoing	
7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or				
party other than the taxpayer, I operiods shown on line 3 above.				
► IF NOT COMPLETE, SIGNED	O, AND DATED, THIS TAX INFO	ORMATION AUTHORIZATION \	WILL BE RETURNED.	
▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.				
Signature				
		HHCSR		
Print Name				