

For New Enrollment to CDC+

SAMPLE
Consumer Who Signs With an "X" or Mark

Form **8821**
(Rev. August 2008)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ 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) Consumer Who Signs With an "X" or Mark 123 Main Street Anytown, FL 99999	Social security number(s) 999-99-9999	Employer identification number
	Daytime telephone number 123-456-7890	Plan number (if applicable)

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

Name and address Agency for Persons with Disabilities See attached documents	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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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) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Payroll Tax	SS-4, 940, 940EZ, 941, 941(E)	2012, 2013, 2014	Tax Liability
	843,W-2,W-2(e),W3,W3(e),W5	2012, 2013, 2014	
	1096, 1099,8822,2678,8655	2012, 2013, 2014	

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 4. 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 4.

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.**
▶ **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

<i>X</i> of Mark	12/31/99	Signature	Date
Consumer Printed Name,	Household Employer	N/A	
Print Name	Title (if applicable)	Print Name	Title (if applicable)

PIN number for electronic signature

PIN number for electronic signature

X Witness #1: Signature, Date: MM/DD/YY
Witness #1 Printed Name

X Witness #2: Signature, Date: MM/DD/YY
Witness #2 Printed Name