

The **IRS Form 8821** is used for the participant (employer) to designate PAS (the fiscal/employer agent) as appointee for employment tax purposes.

Form 8821 Tax Information Authorization
 (Rev. January 2021)
 Department of the Treasury Internal Revenue Service

OMB No. 1545-1165
 For IRS Use Only
 Received by: _____
 Name: _____
 Telephone: _____
 Function: _____

► 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.

1 Taxpayer information. Taxpayer must sign and date this form on line 6.
 Taxpayer name and address
 Participant or Representative Employer's Name and Address
 Name should match Box 1 on IRS form SS-4

Taxpayer identification number(s)
 EIN for the Employer obtained from the SS-4
 Daytime telephone number Plan number (if applicable)

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
 F/EA Staff First and Last Name
 F/EA Address

CAF No. Enter the CAF # for the F/EA designee (if assigned)
 PTIN
 Telephone No. F/EA Phone
 Fax No. F/EA Fax

Check if new: Address Telephone No. Fax No.

Check if to be sent copies of notices and communications

Name and address
 F/EA Staff First and Last Name
 F/EA Address

CAF No. Enter the CAF # for the F/EA designee (if assigned)
 PTIN
 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 940 941 941R 941X W2 W3	Q1 Q2 Q3 Q4 YYYY-YYYY	Tax Liability
EIN Disclosure	SS-4, 0147C Letter		Section 3504 Agent for HCSR per IRM 21.7.13.5.15

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 _____
 Home Care Service Recipient (HCSR)

Print Name _____ Title (if applicable) _____

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 115069 Form 8821 (Rev. 01-2021)

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

The FEA will add the EIN after applying for it on the participant's behalf.

Participant/representative employer phone number must be entered here.

Box 2: Will be pre-filled with information from your fiscal/ employer agent.

Box 3: Will be pre-filled with information from your fiscal/ employer agent.

Box 6: The participant/ representative employer must complete, sign and date.