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

Taypayar nama and address					
Taxpayer name and address			Taxpayer identification number(s)		
			Daytime telephone num	ber Plan number (if applicable)	
2 Designee(s). If you wish to nan designees is attached ►	ne more than two designees, a	ttach a lis	t to this form. Check her	e if a list of additional	
Name and address		CAF I	CAF No. 0315-82663R		
ANDREA HOETTELS		PTIN	PTIN		
ANDREA HOETTELS ILIFE LLC FISCAL AGENT		Telep	Telephone No. 414-459-3086		
2020 WEST WELLS ST, MILWAUKEE, WI 53233		Fax N	Fax No. 414-755-7104		
Check if to be sent copies of notices and communications		Chec	Check if new: Address		
Name and address			CAF No. 0315-05206R		
		PTIN			
SANA KHAN ILIFE LLC FISCAL AGENT			PTIN		
2020 W WELLS ST, MILWAUKEE, WI, 53233		Fax N	Fax No. 414-937-2034		
Check if to be sent copies of notices and communications] Chec	Check if new: Address		
3 Tax information. Each designed					
periods, and specific matters ye	ou list below. See the line 3 ins	tructions.			
By checking here, I authoriz	e access to my IRS records via	an Interi	mediate Service Provider.		
(a) (b) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)			(c) Year(s) or Period(s)	(d) Specific Tax Matters	
INCOME TAX WITHHOLDING	940, 940R, 941, 941B, 941R, 94	-X 2023-2	025	NOT APPLICABLE	
EMPLOYMENT TAXES	W-2, W-2C, W-3, SS-4, 2678	2023-2	025	NOT APPLICABLE	
4 Specific use not recorded on Specific use not recorded on Ca					
5 Retention/revocation of prior isn't checked, the IRS will autobox and attach a copy of the to To revoke a prior tax information.	omatically revoke all prior tax i ax information authorization(s)	nformation that you v	on authorizations on file uwant to retain	unless you check the line 5 ▶ □	
6 Taxpayer signature. If signed individual, if applicable), execut the legal authority to execute the	or, receiver, administrator, trus	tee, or in	dividual other than the tax	cpayer, I certify that I have	
► IF NOT COMPLETED, SIGN	ED, AND DATED, THIS TAX I	NFORMA	TION AUTHORIZATION	WILL BE RETURNED.	
► DON'T SIGN THIS FORM IF	IT IS BLANK OR INCOMPLE	TE.			
Signature			Da	te	
Print Name			Title	(if applicable)	