



## Form 8821 Instructions

**Purpose of form:** Form 8821 is used to authorize iLIFE to discuss the Consumer's information with the IRS.

### Instructions

1. In area 1 Taxpayer information, write the Consumer's full name, address, and daytime phone number.
2. In area 3 Tax Information, check the box.
3. In area 7 Signature of taxpayer, the Consumer signs and prints his or her name, put title as "HCSR" and writes today's dates.



Choice. With Confidence.

### Sample Form 8821

**Form 8821**  
(Rev. January 2021)  
Department of the Treasury  
Internal Revenue Service

**Tax Information Authorization**

▶ Go to [www.irs.gov/Form8821](http://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. 1545-0045  
For IRS Use Only

Received by: \_\_\_\_\_  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Function: \_\_\_\_\_  
Date: \_\_\_\_\_

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

**Taxpayer name and address**  
John Doe  
1234 Main Street  
Raleigh, NC XXXXX

**Taxpayer identification number(s)**  
\_\_\_\_\_

**Daytime telephone number** \_\_\_\_\_ **Plan number (if applicable)** \_\_\_\_\_  
XXX-XX-XXXX

**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**  
SHAWN ROSSMANN  
ILIFE LLC FISCAL AGENT  
2020 WEST WELLS ST, MILWAUKEE, WI 53233

**CAF No.** \_\_\_\_\_  
**PTIN** \_\_\_\_\_  
**Telephone No.** 414-937-2035  
**Fax No.** 414-937-2034

**Check if to be sent copies of notices and communications**  **Check if new:** Address  Telephone No.  Fax No.

**Name and address**  
BRANDON AUSTIN  
ILIFE LLC FISCAL AGENT  
2020 W WELLS ST, MILWAUKEE, WI, 53233

**CAF No.** \_\_\_\_\_  
**PTIN** \_\_\_\_\_  
**Telephone No.** 414-937-2142  
**Fax No.** 414-937-2034

**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	940, 940R, 941, 941B, 941R, 941-X	2023-2026	NOT APPLICABLE
EMPLOYMENT TAXES	W-2, W-2C, W-3, SS-4, 2678, 147C	2023-2026	NOT APPLICABLE

**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** MM/DD/YY  
John Doe \_\_\_\_\_ HCSR  
**Print Name** \_\_\_\_\_ **Title (if applicable)**

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 11596P Form **8821** (Rev. 01-2021)

1. Write Consumer name, address, and daytime phone number.

2. Check the box to authorize access to Consumer's IRS records.

3. Consumer signs and prints name. Write today's date. Add HCSR to title