

Tax Information Authorization

(Rev. October 2012)

Department of the Treasury
Internal Revenue Service

- ▶ 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.
- ▶ To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.

Received by:

Name _____

Telephone _____

Function _____

Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address (type or print)

GENEVIEVE GIBSON
72 S. MAIN STREET
WHITE RIVER JCT., VT 05001
HHCSR (HOME HEALTH CARE SERVICE RECIPIENT)

Taxpayer identification number(s)

12-3456789

Daytime telephone number

802-795-4712
802-765-4425

Plan number (if applicable)

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

Name and address

ARIS SOLUTIONS FISCAL AGENT
PO BOX 4409
WHITE RIVER JCT., VT 05001

CAF No. _____

PTIN _____

Telephone No. **802-280-1911**

Fax No. **802-295-9812**

Check if new: Address Telephone No. Fax No.

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information 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, Payroll, Excise, Estate, Gift, Civil Penalty, etc.) (see instructions)	(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.)
EMPLOYMENT	941, 940, 941R, 941X, W2	2015-2018	TAX LIABILITY
	W3, W2C		

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. 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

Note. Appointees will no longer receive forms, publications and other related materials with the notices.

b If you do not want any copies of notices or communications sent to your appointee, check this box

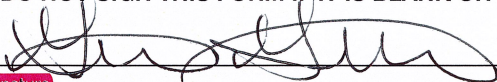
6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **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.

7 Signature of taxpayer. 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 and tax periods shown 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.


Signature

15/17/17
Date

GENEVIEVE GIBSON

Print Name

HHCSR

Title (if applicable)

PIN number for electronic signature