

Mortgage+Care

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FORM 8821

(REV. January 2000)

Department of the
Treasury Internal
Revenue Service

Tax Information Authorization

▶ IF THIS AUTORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

OMB No 1545-1165

For IRS Use Only

Received by:

Name _____

Telephone () _____

Function _____

Date / / _____

1 Taxpayer information.

Taxpayer name(s) and address (please type or print)	Social security number(s)	Employer identification number
	Daytime telephone number	Plan number (if applicable)

2 Appointee.

Name and address (please type or print)	CAF No. Telephone No. Fax No. Check if new: Address <input type="checkbox"/> Telephone 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.

(a) Type of Tax (Income, Employments, Excise, ect.)	(b) Tax Form Number (1040, 941, 720, ect.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information Authorization is for a specific use not recorder on CAF, check this box. (See the instructions on page 2.) ▶
If you checked this box skip lines 5 and 6.

5. Disclosure of tax information (you must check the box on line 5a or b unless the box on line 4 is checked):

- a) If you want copies of tax information notices and other written communication sent to the appointee on an ongoing basis check this box. ▶
- b) If you don not want any copies of notices or communications sent to your appointee check this box. ▶

6 Retention/ revocations of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed above on line 3 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 2.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sing. If signed by a corporate office, partner, guardian, executor, receiver, administration, trustee, or party other than the taxpayer. I certify that I have the authority to execute this form with respect to the tax matter/periods covered.

Signature	Date	Signature	Date
Print Name	Title (if applicable)	Print Name	Title (if applicable)