## Arizona Form 821-PSC

Withholding Tax Payroll Service Company Authorization

	Taxpayer Information Taxpayer n   kpayer Name Taxpayer n	nust sign and da	te this form in	Section 6.	Employer Id	entification Number (EIN)	
ıa.	Taxpayer Name				Employer Identification Number (EIN)		
Address (Number and street or PO Box)					Daytime Phone Number (with area code)		
Cit	City				State	ZIP Code	
	Appointee Information						
Na	Name				Identification Number		
Address (Number and street or PO Box)					Phone Number (with area code)		
City		State	ZIP Code		Fax Number (with area code)		
3.	State Authorization	1					
	Taxpayer hereby grants appointee a limited power of attorney with the authority to sign and file withholding tax returns and make deposits to the Arizona Department of Revenue (department). Appointee is also hereby authorized to discuss taxpayer's otherwise confidential withholding tax information with authorized department employees. This authorization includes all department withholding tax returns and shall begin with the tax period $(M, M, D, D, Y, Y, Y, Y)$ and shall remain in effect through all subsequent periods until four years after the date received, revoked by taxpayer, or terminated by appointee, whichever occurs first.						
4.	Retention/Revocation of Authorization						
	you do not want to revoke a prior authorization, check this box						
5.	Authorization Agreement						
	Taxpayer understands that this authorization does not relieve taxpayer of the responsibility to ensure that all withholding tax returns are filed and that all deposits and payments are made.						
6.	6. Signature of or for Taxpayer						
	I hereby certify that the director of the Arizona Department of Revenue is authorized to release any and all Arizona withholding tax information in department files concerning the undersigned taxpayer and relieve said director, or department representative, of any liability whatsoever for releasing such withholding tax information to the appointee specified by this authorization. By signing this form, I certify that I have the authority, within the meaning of A.R.S. §42-2003(A), to execute this authorization on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), estate(s), partnership(s), and/or individual(s). I understand that to knowingly prepare or present a document which is fraudulent or false is a Class 5 felony pursuant to A.R.S. §42-1127(B)(2).						
	If this withholding tax information authorization is not signed and dated, it will be returned.						
	Print Name		– <u>–</u> P	rint Name			
	Signature		– <u> </u>	ignature			

Date

Date