

The **IRS Form 8821** is used for the participant (employer) to designate PremierFMS (the fiscal/employer agent) as appointee for employment tax purposes.

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: _____

1 Taxpayer information. Taxpayer must sign and date this form on line 6.
Taxpayer name and address
Participant or Representative Employer's Name and Address
Name should match Box 1 on IRS form SS-4
Taxpayer identification number(s)
EIN for the Employer obtained from the SS-4
Daytime telephone number Plan number (if applicable)

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
F/EA Staff First and Last Name
F/EA Address
CAF No. Enter the CAF # for the F/EA designee (if assigned)
PTIN
Telephone No. F/EA Phone
Fax No. F/EA Fax
Check if new: Address Telephone No. Fax No.
Name and address
F/EA Staff First and Last Name
F/EA Address
CAF No. Enter the CAF # for the F/EA designee (if assigned)
PTIN
Telephone No. F/EA Phone
Fax No. F/EA Fax
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, Employment Tax	940 940R 940 941 941R 941X W2 W3	Q1 Q2 Q3 Q4 YYYY-YYYY	Tax Liability
EIN Disclosure	SS-4, 0147C Letter		Section 3504 Agent for HCSR per IRM 21-7.13.5.15

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 _____
Print Name _____ Title (if applicable) _____
Home Care Service Recipient (HCSR)

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 115069 Form 8821 (Rev. 01-2021)

Box 1:
To be completed with the participant/representative employer information. This should be the same individual listed on Box 1 on the SS-4.
The FEA will add the EIN after applying for it on the participant's behalf.
Participant/representative employer phone number must be entered here.

Box 2: Will be pre-filled with information from your fiscal/ employer agent.

Box 3: Will be pre-filled with information from your fiscal/ employer agent.

Box 6: The participant/ representative employer must complete, sign and date.