

Tax Information Authorization

► 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.
 ► Do not use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
 Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date _____

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

Taxpayer name and address Craig Grams 805 Montclair Ave Frederick, MD 21701	Taxpayer identification number(s)	
	Daytime telephone number	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached**

Name and address Tax Defense Network, LLC 13901 Sutton Park Dr. S Ste #220 Jacksonville, FL. 32224	CAF No. 0304-06528R PTIN _____ Telephone No. (888) 829-0563 Fax No. (407) 358-5408 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax Information. Appointee 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.

(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 / Separate Assessment	1040 / 1040 (MFT 31)	1990 through 2016	Not Applicable
Civil Penalty	N/A	1990 through 2016 1st, 2nd, 3rd, 4th Qtrs	Not Applicable
Healthcare Penalties	MFT 35	2013 through 2016	Not Applicable

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 prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box is not checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 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 6 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 COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.



Signature _____ Date _____

Craig Grams

Print Name _____ Title (if applicable) _____