**Note:** Form SS-4 begins on the next page of this document.

**Change to Domestic Employer Identification Number (EIN) Assignment by Toll-Free Phones**

Beginning January 6, 2014, the IRS will refer all domestic EIN requests received by toll-free phones to the EIN Online Assistant. You can access the Assistant by going to www.irs.gov, entering "EIN" in the "Search" feature and following instructions for applying for an EIN online.

**Attention**

**Limit of one (1) Employer Identification Number (EIN) Issuance per Business Day**

Effective May 21, 2012, to ensure fair and equitable treatment for all taxpayers, the Internal Revenue Service (IRS) will limit Employer Identification Number (EIN) issuance to one per responsible party per day. For trusts, the limitation is applied to the grantor, owner, or trustor. For estates, the limitation is applied to the decedent (decedent estate) or the debtor (bankruptcy estate). This limitation is applicable to all requests for EINs whether online or by phone, fax or mail. We apologize for any inconvenience this may cause.

**Change to Where to File Address and Fax-TIN Number**

There is a change to the Instructions for Form SS-4 (Rev. January 2011). On page 2, under the "Where to File or Fax" table, the address and Fax-TIN number have changed. If you are applying for an Employer Identification Number (EIN), and you have no legal residence, principal place of business, or principal office or agency in any state or the District of Columbia, file or fax your application to:

Internal Revenue Service Center  
Attn: FIN International Operation  
Cincinnati, OH 45999  
Fax-TIN: 859-669-5987

This change will be included in the next revision of the Instructions for Form SS-4.
Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line. Keep a copy for your records.

1  Legal name of entity (or individual) for whom the EIN is being requested

2  Trade name of business (if different from name on line 1)

3  Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

5a Street address (if different) (Do not enter a P.O. box)

4b City, state, and ZIP code (if foreign, see instructions)

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located

7a Name of responsible party

7b SSN, ITIN, or EIN

8a Is this application for a limited liability company (LLC) or a foreign equivalent? Yes ☐ No ☐

8b If 8a is "Yes," enter the number of LLC members

8c If 8a is "Yes," was the LLC organized in the United States? Yes ☐ No ☐

9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.

☑ Sole proprietor (SSN) ☐ Partnership ☐ Corporation (enter form number to be filed) ☐ Personal service corporation ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify)

☐ Estate (SSN of decedent) ☐ Plan administrator (TIN) ☐ Trust (TIN of grantor) ☐ National Guard ☐ Farmers' cooperative ☐ Federal government/military ☐ REMIC ☐ Indian tribal governments/enterprises

☐ Other (specify)

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

10 Reason for applying (check only one box)

☐ New business (specify type)

☐ Changed type of organization (specify new type)

☐ Purchased going business

☐ Created a trust (specify type)

☐ Created a pension plan (specify type)

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year

13 Highest number of employees expected in the next 12 months (enter -0- if none).

If no employees expected, skip line 14.

Agricultural Household Other

15 First date wages or annuities were paid (month, day, year).

Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).

16 Check one box that best describes the principal activity of your business:

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Real estate ☐ Manufacturing ☐ Finance & insurance

☐ Health care & social assistance ☐ Wholesale-agent/broker ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail

☐ Other (specify) Domestic Direct Support Worker

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

In Home Personal Care Assistance

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes ☐ No ☐

If "Yes," write previous EIN here

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

LINK Fiscal Agent - Attention Mandy Kinzie

Designee's telephone number (include area code)

(785) 625-6942

Designee's fax number (include area code)

(785) 625-6137

Address and ZIP code

2401 E. 13th St., Hays, KS 67601

Applicant's telephone number (include area code)

Applicant's fax number (include area code)

Signature ☐ Date ☐

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N  Form SS-4 (Rev. 1-2010)
Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document. See also the separate instructions for each line on Form SS-4.

<table>
<thead>
<tr>
<th>IF the applicant...</th>
<th>AND...</th>
<th>THEN...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Started a new business</td>
<td>Does not currently have (nor expect to have) employees</td>
<td>Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 15-18.</td>
</tr>
<tr>
<td>Hired (or will hire) employees, including household employees</td>
<td>Does not already have an EIN</td>
<td>Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.</td>
</tr>
<tr>
<td>Opened a bank account</td>
<td>Needs an EIN for banking purposes only</td>
<td>Complete lines 1-6b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.</td>
</tr>
<tr>
<td>Changed type of organization</td>
<td>Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership)</td>
<td>Complete lines 1-18 (as applicable).</td>
</tr>
<tr>
<td>Purchased a going business</td>
<td>Does not already have an EIN</td>
<td>Complete lines 1-18 (as applicable).</td>
</tr>
<tr>
<td>Created a trust</td>
<td>The trust is other than a grantor trust or an IRA trust</td>
<td>Complete lines 1-18 (as applicable).</td>
</tr>
<tr>
<td>Created a pension plan as a plan administrator</td>
<td>Needs an EIN for reporting purposes</td>
<td>Complete lines 1, 3, 4a-5b, 9a, 10, and 18.</td>
</tr>
<tr>
<td>Is a foreign person needing an EIN to comply with IRS withholding regulations</td>
<td>Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits</td>
<td>Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.</td>
</tr>
<tr>
<td>Is administering an estate</td>
<td>Needs an EIN to report estate income on Form 1041</td>
<td>Complete lines 1-6, 9a, 10-12, 13-17 (if applicable), and 18.</td>
</tr>
<tr>
<td>Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)</td>
<td>Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons</td>
<td>Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.</td>
</tr>
<tr>
<td>Is a state or local agency</td>
<td>Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581</td>
<td>Complete lines 1, 2, 4a-5b, 9a, 10, and 18.</td>
</tr>
<tr>
<td>Is a single-member LLC</td>
<td>Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes</td>
<td>Complete lines 1-18 (as applicable).</td>
</tr>
<tr>
<td>Is an S corporation</td>
<td>Needs an EIN to file Form 2553, Election by a Small Business Corporation</td>
<td>Complete lines 1-18 (as applicable).</td>
</tr>
</tbody>
</table>

1. For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers’ cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

2. However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(b)(2).

3. Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

4. However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

5. A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

6. Entities applying to be a Qualified Intermediary (QI) need a GI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

7. See also Household employer on page 4 of the instructions. Note: State or local agencies may need an EIN for other reasons, for example, hired employees.

8. See disregarded entities on page 4 of the instructions for details on completing Form SS-4 for an LLC.

9. An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.
Form 2678 Employer/Payer Appointment of Agent

Department of the Treasury — Internal Revenue Service

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

Part 1: Why you are filing this form...

(Check one)

☑ You want to appoint an agent for tax reporting, depositing, and paying.

☐ You want to revoke an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN)

2 Employer's or payer's name
   (not your trade name)

3 Trade name (if any)

4 Address

   % LINK Fiscal Agent, 2401 E. 13th St.
   Number Street Suite or room number
   Hays City KS ZIP code
   67601

Foreign country name

Foreign province/county

Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

<table>
<thead>
<tr>
<th>For ALL employees/payees/payments</th>
<th>For SOME employees/payees/payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*</td>
<td>☑</td>
</tr>
<tr>
<td>Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)</td>
<td>☑</td>
</tr>
<tr>
<td>Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)</td>
<td>☐</td>
</tr>
<tr>
<td>Form 944, 944(S) (Employer's ANNUAL Federal Tax Return)</td>
<td>☐</td>
</tr>
<tr>
<td>Form 945 (Annual Return of Withheld Federal Income Tax)</td>
<td>☐</td>
</tr>
<tr>
<td>Form CT-1 (Employer's Annual Railroad Retirement Tax Return)</td>
<td>☐</td>
</tr>
<tr>
<td>Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)</td>
<td>☐</td>
</tr>
</tbody>
</table>

*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

☐ Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

☑ Sign your name here

Print your name here

Print your title here

Employer

Date

Best daytime phone

Now give this form to the agent to complete.
Instructions for Form 2678

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form 2678 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form2678.

Purpose of Form

Use Form 2678 if you want to:

- Request approval to have an agent file returns and make deposits or payments of Federal Insurance Contributions Act (FICA) taxes, Railroad Retirement Tax Act (RRTA) taxes, income tax withholding (ITW), or backup withholding; or
- Revoke an existing appointment.

Do not use prior versions of this form. All prior versions are obsolete. IRS will not accept them.

Can Employers Appoint Agents to Report, Deposit, and Pay Federal Unemployment Tax Act (FUTA) Tax?

Generally, employers cannot appoint an agent to report, deposit, and pay FUTA tax. However, if you are an employer who receives home care service, you may ask IRS to approve an agent to act on your behalf for FUTA tax purposes. Check the box in the footnote in Part 2, line 5.

To appoint an agent to act for FUTA tax purposes, you must also appoint the agent to act for FICA taxes and ITW purposes.

How to Complete the Form

Part 1: Why You Are Filing This Form

In Part 1, you will check a box to indicate why you are filing Form 2678.

- If you are an employer or payer and you want to appoint an agent, check the box that says, “You want to appoint an agent for tax reporting, depositing, and paying.”
- If you are an employer, payer, or agent and you want to revoke an existing appointment, check the box that says, “You want to revoke an existing appointment.”

Part 2: Employer or Payer Information

- If you are an employer or payer, enter your employer identification number (EIN), name, trade name, and address.
- If you are an agent revoking an existing appointment, enter the EIN, name, trade name, and address of the employer or payer for whom you have been authorized to act. The employer’s or payer’s signature is not required.
- On line 5, check the boxes for all forms for which you want to:
  - Request approval to appoint an agent to file on your behalf, or
  - Revoke an agent’s existing appointment.

If you are only appointing an agent for some employees, payees, or payments, check the box under For SOME employees/payees/payments.

Example 1. You are an employer. You appoint an agent to file returns and deposit FICA taxes and ITW related to biweekly wage payments that you paid your employees. However, you make bonus wage payments directly to your employees, not through the agent. You should report the bonus payments on a return filed using your EIN.

Example 2. You are an employer. You appoint an agent to file returns and deposit FICA taxes and ITW for biweekly wage payments that you paid to your employees. However, you make biweekly wage payments directly to your company’s executives. You should report the wage payments to the executives on a return filed using your EIN.

If you are an employer or payer and you are requesting authorization to appoint an agent, sign and date Form 2678 in Part 2. Then give the form to the agent to complete and sign Part 3.

If you are an employer or payer and you want to revoke an existing appointment, sign and date Form 2678 in Part 2. Complete Part 3. Then send the form to the address for your location under Where To File, later.

Part 3: Agent Information

- If you are an employer or payer and you are requesting authorization to appoint an agent, have the agent complete and sign Part 3.
- If you are an employer or payer and you want to revoke an existing appointment, complete Part 3. The agent’s signature is not required. Then send the form to the address for your location under Where To File, later.
- If you want to accept an appointment as an agent or you are an agent who wants to revoke an existing appointment, complete Part 3 with your information. Then sign and date the form where indicated. Send the form to the address for the employer’s or payer’s location under Where To File, later.

Note. If an agent is a corporate officer, partner, or tax matters partner, the agent must have the authority to execute this appointment of agent.

Filing Form 2678

Send Form 2678 to the address for the employer’s or payer’s location under Where To File, later. We will send a letter to the employer or payer and to the agent after we have approved the request. For agents of home care service recipients, we will send the approval letter only to the agent.

The authorization to act as an agent is effective on the date shown in the letter. Until we approve the request, the agent is not liable for filing any tax returns or making any deposits or payments.

Only one signature is required to revoke an agent’s appointment. If an existing appointment is revoked, the IRS cannot disclose confidential tax information to anyone other than the employer or payer for periods after the appointment is revoked.

If an agent’s appointment is revoked, we will send both the employer or payer and the agent a letter confirming the revocation. For agents of home care service recipients, we will send the letter confirming the revocation only to the agent. The revocation is effective on the date shown in the letter.
### Where To File

<table>
<thead>
<tr>
<th>If you are in...</th>
<th>Send your form to...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>Department of the Treasury Internal Revenue Service</td>
</tr>
<tr>
<td>Delaware</td>
<td>Cincinnati, OH 45999</td>
</tr>
<tr>
<td>District of Columbia</td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td>Michigan</td>
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<tr>
<td>Georgia</td>
<td>New Hampshire</td>
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<td>Hawaii</td>
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<td>Illinois</td>
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<td>Vermont</td>
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<td>New Hampshire</td>
<td>Virginia</td>
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<td>West Virginia</td>
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<td>New York</td>
<td>Wisconsin</td>
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<tr>
<td>Alabama</td>
<td>Department of the Treasury Internal Revenue Service</td>
</tr>
<tr>
<td>Alaska</td>
<td>Ogden, UT 84201</td>
</tr>
<tr>
<td>Arizona</td>
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<td>Ogden, UT 84201</td>
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<td>Ogden, UT 84201</td>
</tr>
</tbody>
</table>

No legal residence or place of business in any state

Exempt organization or government entity

### Agent Responsibilities After Appointment

#### Reporting, Depositing, and Payment Requirements

Agents must follow the procedures for employment taxes in Rev. Proc. 2013-38, 2013-32 IRB, 800, available at [www.irs.gov/irb/2013-32_IRB/ar15.html](http://www.irs.gov/irb/2013-32_IRB/ar15.html) and for backup withholding in Rev. Proc. 84-33. Agents for employers who are home care service recipients receiving home care services through a program administered by a federal, state, or local government agency may also use this form. These agents may be referred to as fiscal/employer agents, household employer agents, and home care service recipient agents.

All agents, employers, and payers remain liable for filing all returns and making all tax deposits and payments while this appointment is in effect. If an agent contracts with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment or to make any required tax deposits or payments and the third party fails to do so, the agent, employer, and payer remain liable.

#### Filing Schedule R (Form 940) and Schedule R (Form 941)

An agent for a home care service recipient that files an aggregate Form 940, Employer’s Annual Federal Unemployment (FUTA) Tax Return, must complete Schedule R (Form 940), Allocation Schedule for Aggregate Form 940 Filers, and file it with the aggregate Form 940.

An agent who files an aggregate Form 941, Employer’s QUARTERLY Federal Tax Return, must complete Schedule R (Form 941), Allocation Schedule for Aggregate Form 941 Filers, and file it with the aggregate Form 941.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on Form 2678 to carry out the Internal Revenue laws of the United States. The principal purpose of this information is to permit you to appoint an agent to act on your behalf. You do not have to appoint an agent; however, if you choose to appoint an agent, you must provide the information requested on Form 2678. Our authority to collect this information is section 3304. Section 6109 requires you and the agent to provide your identification numbers. Failure to provide this information could delay or prevent processing your appointment of agent. Intentionally providing false information could subject you and the agent to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on this form to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation; and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal income tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 2678 will vary depending on individual circumstances. The estimated average time is:

- **Recordkeeping**: 1 hr., 5 min.
- **Learning about the law or the form**: 54 min.
- **Preparing, copying, assembling, and sending the form to the IRS**: 13 min.

If you have any comments concerning the accuracy of these time estimates or suggestions for making Form 2678 simpler, we would be happy to hear from you. You can send comments from [www.irs.gov/formspubs](http://www.irs.gov/formspubs). Click on More Information and then click on Give us feedback. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave., NW, IR-6226, Washington, DC 20224. **Do not send Form 2678 to this address.** Instead, see Where To File above.
8821

Form

Department of the Treasury
Internal Revenue Service

Tax Information Authorization

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

   Taxpayer name and address

   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

   CAF No.

   PTIN

   Telephone No.

   Fax No.

   ATTEN Carol Boxberger

   2401 E 13th St

   Hays, KS 67601

   Check if new: Address □ Telephone No. □ Fax No. □

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.

   Type of Tax Information (Income, Employment, Payroll, Excise, Estates, Gift, Civil Penalty, Sec. 4980H Payments, etc.)

   Tax Form Number (1040, 941, 720, etc.)

   Year(s) or Period(s)

   Specific Tax Matters

   Payroll Taxes

   940, 941 etc

   2015 - until further notice

   Payroll Taxes

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 □

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

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

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

   Print Name

   Title (if applicable)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8821 (Rev. 3-2015)