(Rev. October 2012)

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.

For IRS Use Only Received by Norne Telephone

OMB No. 1565-1165

Internal Revenue Service To request a	copy or transcript of your tax r	eturn, use	Form 4506, 4506-T, or 4	506T-EZ.	Date	
 Taxpayer information. Taxpayer r 	must sign and date this form				1000 m	
Taxpayer name and address (type or print)			Taxpayer identification number(s)			
			Daytime telephone number	Plan nu	mber (if applicable)	
2 Appointee. If you wish to name me	ore than one appointee, attac	ch a list to	this form.	70		
Name and address INA EDWARDS or DONIKA VLADIMIROVA or ASHLEY BROWN C/O TAXBACK INC 333 N MICHIGAN AVE, STE 2415 CHICAGO, IL 60601-4105			CAFNo.			
		PTIN Telephone No. 1 888 203 8900				
		Fax No		312 873 420		
		Check if new: Address				
3 Tax matters. The appointee is aut		eive confi	dential tax information	for the tax n	natters listed on this	
line. Do not use Form 8821 to requ	uest copies of tax returns.					
(a) Type of Tax (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, etc.) (see instructions)	(b) Tax Form Number (1040, 941, 720, etc.)	17.1600.0000	(d) Year(s) or Period(s) (see the instructions for line 3) (d) Specific Tax Matters (see			
INDIVIDUAL INCOME TAX	1040, 1040NR	2014,20	2013,2012,2011			
FICA TAX	843, 8316	2014,20	13,2012,2011			
basis, check this box Note. Appointees will no longer reconstruction. 6 Retention/revocation of tax information authorizations for the same tax mato revoke a prior tax information a and check this box To revoke this tax information authorization authorization.	mation authorizations. This atters you listed on line 3 about authorization, you must attac	nt to your s tax infor ove unless ch a copy	appointee, check this b mation authorization au you checked the box	tomatically	you do not want	
 7 Signature of taxpayer. If signed be party other than the taxpayer, I cereperiods shown on line 3 above. IF NOT SIGNED AND DATED, 	fify that I have the authority t	to execute	this form with respect			
▶ DO NOT SIGN THIS FORM IF I	T IS BLANK OR INCOMPLE	TE.		1		
N. C.			mm/dd/yy			
Sgnature			De	ite		
Brian Henry Your Signature Here		Title (if applicable)				
PIN nur	mber for electronic signature					