



# INTERNAL REVENUE SERVICE TAX COMPLIANCE CERTIFICATION

**for Registered Farm Labor Contractors**

Applicant Name: [Last, First, Middle Initial] ..... [Mark one box] Owner <input type="checkbox"/> Authorized Tax Matters Person <input type="checkbox"/> Business Name: DBA (Doing Business As), if applicable: ..... Have you done business under any other business name or Employer Identification Number (EIN)?    Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please list names(s) and EIN number(s) below: Name:..... EIN:..... Name:..... EIN:..... Address:                    [List Street/PO Box, City, ZIP+4] ..... .....	Social Security Number (SS#): ..... Type of Business:                    [Mark one box and list Tax ID Number] Sole Proprietor <input type="checkbox"/> ..... Partnership <input type="checkbox"/> ..... Corporation <input type="checkbox"/> ..... Other (Specify) <input type="checkbox"/> ..... Did you have employees working for your business in the past 12 months?    Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", number:..... Do you expect to have employees working for you in the next 12 months?    Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", number:..... Daytime Telephone Number: (    ) Fax Number: (    )
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<b>For Official Use Only</b>			
<b>Do Not Write Below This Line</b>			
<b>[This section to be completed in full by IRS staff <u>only</u>.]</b>			
<b>Internal Revenue Service Certification</b>		[Mark one box, then sign and date form]	
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Outstanding Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Returns Filed:</b>			
Payroll [Forms 941, 940, 943]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Income [Form 1040]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporation [Form 1120]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....			
<b>In Compliance</b> <input type="checkbox"/>		<b>Not In Compliance</b> <input type="checkbox"/>	
Signature of IRS Certifying Official: _____		Date: _____	

Forms may be certified by contacting the INTERNAL REVENUE SERVICE at the following address, or it may be sent to their fax number listed below. **IRS will not return this form you.** IRS will send certification approval directly to the Department of Labor and Industries at the address listed on the top of this form.

<b>Fax Number</b> (503) 227-5594 _____ <b>Phone Number</b> (503) 265-3743	<b>Address</b> Internal Revenue Service – EG: 2315 1220 SW 3 <sup>rd</sup> Ave, Suite G044 Portland, OR 97204-2827 MS: 0105 Attn: A. Gaylord
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**PRIVACY ACT STATEMENT:** The submission of your Social Security Number is voluntary. It will be used only for identification purposes to facilitate your application for a Farm Labor Contractor's license. Failure to provide this number may result in a delay of the application process.

## Tax Information Authorization

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

▶ **Information about Form 8821 and its instructions is at [www.irs.gov/form8821](http://www.irs.gov/form8821).**  
 ▶ **Do not sign this form unless all applicable lines have been completed.**  
 ▶ **To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.**

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

Taxpayer name and address (type or print)	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.

Name and address  <b>Department of Labor and Industries</b> <b>Attn: Farm Labor Contracting Unit</b> <b>PO Box 44510, Olympia WA 98504-4510</b>	CAF No. _____ PTIN _____ Telephone No. <b>(360) 902-4537</b> Fax No. <b>(360) 902-5300</b> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information for the tax matters listed on this line. Do not use Form 8821 to request 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.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
<b>Income/Business</b>	<b>1040, 1065, 1120, 1120S</b>	<b>2010 - 2014</b>	
<b>Employment</b>	<b>940, 941, 943, 944, 945</b>	<b>2010 - 2014</b>	

**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 tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box . . . . .

To revoke this tax information authorization, see the 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 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)

PIN number for electronic signature