

Hazelwood Police Department



Personal History Questionnaire

The City of Hazelwood resolved that subject to all applicable state, federal statutory, or judicial exemptions, all qualified applicants for employment and/or advancement, whether commissioned or non-commissioned, shall be given equal opportunity for consideration, selection, appointment and retention, regardless of race, color, religion, sex, national origin, age, disability, or political affiliation.

The Hazelwood Police Department is an equal opportunity employer.



APPLICANT PERSONAL HISTORY QUESTIONNAIRE

Pre-Employment History File Access Restricted by General Orders

Verification of Information

The information requested on this questionnaire will be used for reference by those who will be considering your application for employment or training with the Hazelwood Police Department. All extensive background investigations will be conducted relevant to your personal history. Applicants for the position of Police Officer will be required to take a Voice Stress Analysis (CVSA) examination to confirm the information in the questionnaire, and to determine other items of importance with reference to the background investigation.

Any false, misleading, or incomplete information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Hazelwood Police Department or the County and Municipal Academy.

I confirm that I have read and understand the above statement, and that all documents and information presented to the Hazelwood Police Department are true, correct, and made in good faith.

Signature

Date

Please indicate the position for which you are applying for: _____

Directions

1. **Before you begin**, read the entire set of directions and listing of documents required for submission. An application checklist is provided on page 13 for your convenience. This is a competitive process, therefore, applications will not be accepted, processed or evaluated unless complete. All addresses and phone numbers must include zip codes and area codes.
2. Use black ink pen only when completing this form in your own handwriting or printing. If you need any special accommodations in completing this questionnaire, contact Human Resources (314) 839-3700 or the Administrative Assistance for the police department (314) 838-5000 ext. 1.
3. Read each question carefully before answering. Be certain that your answers are legible.
4. Be certain that each question is answered COMPLETELY and CORRECTLY. Submit all documents as requested. If a question does not apply to you, write "N/A" (not applicable) in the space.
5. Initial EACH page on the bottom right corner.
6. Additional space is provided on pages 11 and 12 for answers which required clarification or further explanation. All entries on page 11 and 12 will begin with page number (Roman numerals) and question (A-L) you are explaining/clarifying.
7. Pursuant to Public Law 93-579, the disclosure of your social security number is completely voluntary. Your refusal to reveal it will in no way affect applications for any job or consideration provided by this department. The social security number assists the department in differentiating between applicants with similar or identical names.
8. Upon completion, the questionnaire must be returned to the City of Hazelwood Personnel Department: 415 Elm Grove Lane, Hazelwood.

Initials: _____

Hazelwood Police Department

Certificate of Applicant and Authorization for Release of Information



Last Name

First Name

Middle Name

Social Security Number

Date of Birth

Applicant Number

I, _____ (Print Full Name), hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Hazelwood Police Department.

The intent of this authorization is to make available a full and complete disclosure of any and all information pertaining to my person; therefore, I do hereby authorize all present or past employers, all law enforcement agencies, all military agencies, the Veteran's Administration, the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Coast Guard, all federal, state or local government agencies, state and federal tax bureaus, credit unions, schools, and universities to furnish the Chief of Police of the Hazelwood Police Department, with any and all available information regarding my past or present performance, conduct or behavior. I further authorize the release of any punitive or disciplinary action, or memorandum, to the Chief of Police in order that the information be evaluated to assist in the determination of my suitability for police work.

I reiterate and emphasize that the intent of this authorization is_ to provide full and free access to the background and history of my personal and business life for the specific purpose of conducting a pre- employment background investigation.

I authorize The Hazelwood Police Department to make an inquiry and gather any documents of my present and past employers regarding my character, integrity, reputation and performance.

I authorize the release of any and all of the afore listed information regarding my person, employment, credit or any other aspect, whether personal or otherwise, that may or may not be in their mitten records.

I understand that all materials pertaining to this background investigation become the property of the Hazelwood Police Department and will not be made available or returned to me.

A photo or Xerox copy of this authorization will be considered as effective and valid as the original, even though the copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and Sworn before me this _____ day of _____,

My commission expires _____ Notary _____

Signature (Applicant)

Address

City/State/Zip

Initials: _____

I. PERSONAL DATA

CONFIDENTIAL

FULL NAME			Last			First			Middle			HOME PHONE					
ADDRESS						Number			Street			City/State/Zip			CELL PHONE		
AGE		HEIGHT		WEIGHT		HAIR		EYES		DATE OF BIRTH			PLACE OF BIRTH				
SOCIAL SECURITY NUMBER						OPERATOR'S LICENSE NUMBER						STATE ISSUED					
A. List of Aliases you have ever used: _____ _____ _____																	
B. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No							C. Are you naturalized? <input type="checkbox"/> Yes <input type="checkbox"/> No										
D. List your present address first, then list all previous address you have resided in the last ten (10) years, including any addresses used while in the military or while attending college:																	
Date From		Date To		Street Address				City/County		State		Zip Code					
E. Have you ever applied for a position with this department before? If "Yes", date of application: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No																	
F. Have you filed an employment application with any other law enforcement agencies recently? If "Yes", list below:																	
Date		Agency			Address				Position Applied		Disposition						
G. Are you acquainted with any Hazelwood Police Department Employees? If "Yes", please list: _____ _____ _____																	
H. Based on the essential functions of the position for which you are applied, described in the written job description that accompanied this application, are you able to perform these functions? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>																	

Initials: _____

II. REFERENCES

CONFIDENTIAL

List four (4) character references, two of which are near your same age and are not relatives, in-laws, or past employers, and who have known you well during the past three years or more:

Name		Phone Number		Years Acquainted
Residence Address		City	State	Zip Code
Employer Name/Address		Occupation		
Name		Phone Number		Years Acquainted
Residence Address		City	State	Zip Code
Employer Name/Address		Occupation		
Name		Phone Number		Years Acquainted
Residence Address		City	State	Zip Code
Employer Name/Address		Occupation		
Name		Phone Number		Years Acquainted
Residence Address		City	State	Zip Code
Employer Name/Address		Occupation		

III. ARREST HISTORY

A. Other than traffic citations, have you as an adult or juvenile, been arrested, convicted, charged, questioned, accused or detained for any reason by any police, security, or military authority, either in the United States or any other foreign country?

Yes

No

If "Yes", describe below and explain in full detail on pages 11 and 12.

Date	Charge	Department/Agency	Location of Incident	Disposition

B. Were you ever served with a criminal or civil subpoena or summons other than traffic?

Yes

No

If "Yes", describe below and explain in full detail on pages 11 and 12.

C. Have the police ever been called to any of your previous or current places of residence for any reason?

Yes

No

If "Yes", describe below and explain in full detail on pages 11 and 12.

D. Have you ever been involved in any undetected crime, including the buying and/or selling of illicit drugs?

Yes

No

If "Yes", describe below and explain in full detail on pages 11 and 12.

E. Are you now under charges for any violation of law?

Yes

No

If "Yes", describe below and explain in full detail on pages 11 and 12.

Initials: _____

IV. EDUCATION AND SKILLS

CONFIDENTIAL

A. Do you have: (Check appropriate boxes)

- GED/High School Diploma
 Some College Credit (No Degree)
 Associates Degree
 Bachelor's Degree
 Post Graduate Degree
 Master's Degree

B. Starting with the most recent, list all elementary, high school, colleges, and universities you have attended:

Month/Year Attended		School Name and Address	Credits	Degree Type	Major	Year of Degree
From	To					

C. Student Associations/Activities:

D. Have you ever been suspended, expelled, or asked to leave any school for disciplinary reason?

- Yes
 No
 If "Yes", describe below and explain in full detail on pages 11 and 12.

E. Have you ever been placed on academic probation?

- Yes
 No
 If "Yes", describe below and explain in full detail on pages 11 and 12.

F. Are you a graduate of a Class "A" certified police academy or law enforcement training program?

- Yes
 No
 If "Yes", describe below and explain in full detail on pages 11 and 12.

G. Indicate languages you speak, read and/or write other than English:

	Fluent	Above Average	Fair
Speak			
Read			
Write			

H. Summarize special skills, qualifications, awards, and accomplishments (including clerical skills) that you wish to be considered:

Initials: _____

V. EMPLOYMENT HISTORY

CONFIDENTIAL

A. Start with your present or most previous employer and list all of the previous jobs you have had in the past ten (10) years. List any additional employers on pages 11 and 12. If you are presently employed, may we contact your employer:

Yes
 No

Employer		Phone Number	
Address		City	State
			Zip Code
Dates Employed <i>From</i> <i>To</i>		Hourly or Annual Salary <i>Start</i> <i>Final</i>	
		Job Title	
Work Performed		Supervisor	Co-Worker
Reason for leaving:			

Employer		Phone Number	
Address		City	State
			Zip Code
Dates Employed <i>From</i> <i>To</i>		Hourly or Annual Salary <i>Start</i> <i>Final</i>	
		Job Title	
Work Performed		Supervisor	Co-Worker
Reason for leaving:			

Employer		Phone Number	
Address		City	State
			Zip Code
Dates Employed <i>From</i> <i>To</i>		Hourly or Annual Salary <i>Start</i> <i>Final</i>	
		Job Title	
Work Performed		Supervisor	Co-Worker
Reason for leaving:			

Employer		Phone Number	
Address		City	State
			Zip Code
Dates Employed <i>From</i> <i>To</i>		Hourly or Annual Salary <i>Start</i> <i>Final</i>	
		Job Title	
Work Performed		Supervisor	Co-Worker
Reason for leaving:			

B. Have you ever been dismissed, fired, or asked to resign from employment?
 Yes No If "Yes", describe below and explain in full detail on pages 11 and 12.

C. Have you ever stolen money or merchandise from any place of employment?
 Yes No If "Yes", describe below and explain in full detail on pages 11 and 12.

D. Have you ever been unemployed for a period of time in excess of six months?
 Yes No If "Yes", describe below and explain in full detail on pages 11 and 12.

Initials: _____

VI. ORGANIZATIONAL MEMBERSHIP

CONFIDENTIAL

A. List all civic or social organizations, fraternities, clubs, brotherhoods, societies or groups of which you are, or have been, a member or associate. Also furnish their locations.

Name of Organization	Address	Position Held

B. Are you now, or have you been, a member of any foreign or domestic subversive organization, association, movement, group, or club which as adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other people their rights under the constitution of the United States or the State of Missouri, by any unlawful or unconstitutional means?

Yes No If "Yes", describe below and explain in full detail on pages 11 and 12.

VII. MILITARY STATUS

A. Are you registered with the selective service? <input type="checkbox"/> Yes <input type="checkbox"/> No		B. Registration Number:		C. Location of where registered:	
D. Do you have a current obligation with any military service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Unit:	Address/Phone:		Commander:
E. Have you ever served in any branch of military service or any other military or paramilitary organization ? (If there is more than one period, list the separate periods) <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>					
Month/Year Entered	Branch/Organization	Discharge Date	Type of Discharge	Rank	Occupational Specialty
F. Were you ever reduced in rank in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe below and explain in full detail on pages 11 and 12. Rank reduced from _____ to _____					
G. Were you ever court martialled? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe below and explain in full detail on pages 11 and 12. Type of court martial: <input type="checkbox"/> Summary <input type="checkbox"/> Special <input type="checkbox"/> General Sentence Received: _____ Have you ever received a Captain's Mast, Company Punishment or Article 15? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe below and explain in full detail on pages 11 and 12.					
H. Have you ever served in a military or naval organization of any foreign government? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe below and explain in full detail on pages 11 and 12.					

Initials: _____

VIII. FINANCIAL STATUS

CONFIDENTIAL

A. List the sources of all your income at the present time.

Type of Income	Firm or Source Name	Monthly Amount
Your Salary:		
Other Employment:		
Dividends/Interest:		
Military:		
Other (specify):		
		Total:

B. If your spouse is employed, please complete the following:

Business Name:	Business Address:	Zip Code:
Phone Number:	Job Title:	Monthly Amount:

C. List all debts and obligations which now you owe, and the individuals or firms with whom you have credit dealings. Use ages 11 and 12 if additional space is needed.

Obligation	Name/Address	Account Number	Unpaid Balance	Monthly Payment	Amount Past Due
<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent					
Auto Payment					
Personal Loans					
Student Loans					
Credit Card					
Credit Card					
Credit Card					
Other (specify)					
Other (specify)					
		Totals:			

If the answer to any of the following question is "Yes," please provide details on pages 11 and 12. Mark "Yes" if the question involves you, your spouse or and ex-spouse.

<p>D. Have you ever been delinquent in any of your financial obligations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>E. Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>F. Have you ever been refused credit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>G. Have you ever had any of your property repossessed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>H. Has your tax return ever been audited by the IRS for any reason other than a random audit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I. Have you ever filed for bankruptcy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>J. Have you ever been sued in court?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>K. Have you ever failed to file or been delinquent in filing your tax return?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>L. Have you ever received a settlement in payment for damages, injury, libel, etc. either with or without court action?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Initials: _____

IX. NARCOTIC AND LIQUOR USAGE

CONFIDENTIAL

A. Within the last six months, have you consumed any alcoholic beverages because of an addiction to alcohol?
 Yes No If "Yes", describe below and explain in full detail on pages 11 and 12.

B. Within the last six months, have you used a controlled substance without a prescription?
 Yes No If "Yes", describe below and explain in full detail on pages 11 and 12.

X. MARITAL STATUS/FAMILY MEMBERS

A. Check your current marital status. Use additional space on pages 11 and 12 if explanation is necessary.
 Single Engaged Married Separated Divorced Widowed

If engaged or married, provide the following information relative to fiancé or spouse:

Name (Maiden):		Date of Birth:		Address:	
City:	State:	Zip Code:	Phone Number:	Anticipated Date of Marriage:	

If separated or divorced, provide the following information relative to ex-spouse:

Name (Maiden):		Date of Birth:		Address:	
City:	State:	Zip Code:	Phone Number:	Date of separation/divorce: Cause #:	

If spouse if deceased, provide the following information:

Name (Maiden):	Date Deceased:
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B. List all children and/or dependents. Use additional space on pages 11 and 12 if necessary.

Name	Date of Birth	Birth Place	Relationship	Address	Resides With:	% of Support

C. Do you now support all children born to you?
 Yes No If "No", please explain below:

D. All employees of this department are subject to work various duty schedules, ranging from 12 hour days to 8 hour days, and may be reassigned to a different work shift/schedule to meet the needs of the department and at the discretion of the Chief of Police. Are you able to meet these requirements without excessive absences?
 Yes No

Initials: _____

E. Are you presently living with anyone else (friend or relative)?
 Yes No If "Yes", describe below and explain in full detail on pages 11 and 12.

F. List full name(s) of your immediate family, such as father, mother (maiden name), brothers, and sisters.

Name	Date of Birth	Relationship	Address	Zip Code	Phone Number	Occupation

Sections XI, XII, and XIII are to be completed by Police Officer applicants only.

XI. USE OF FORCE

A. If the necessity arose for you to shoot a person in the course of your duties as a Police Officer, would you have any reluctance to do so?
 Yes No If "Yes", please explain below:

B. Have you ever used a weapon to defend yourself or others?
 Yes No If "Yes", please explain below:

C. As the need to do so may arise at any time, are you physically capable of making a forceful arrest requiring physical strength and exertion?
 Yes No If "No", please explain below:

XII. NARRATIVE

In 25 to 50 words, explain why you wish to be a Police Officer.

Initials: _____

XIII. DRIVING HISTORY

CONFIDENTIAL

A. List all driver's or chauffer's licenses you now hold or have previously held, either in Missouri or any other state or county.

State	Type License	License Number	Expiration Date

B. Have any of the above licenses ever been suspended or revoked?

Yes No If "Yes", please explain below:

C. List all driving citations/tickets or summonses you have received as an adult or juvenile, beginning with the most recent. If you cannot remember exact dates or locations, give approximate dates and locations.

Month/Year	Charge	City/State	Agency	Disposition

D. List all vehicles which you own, lease or have for your personal use (include motorcycles).

Year	Make	Model	License Number	State

E. How many traffic accidents have you been involved in during the past five years? Explain the circumstances of each.

F. List all information relative to your current automobile insurance:

Name of Company	Address	City	State	Zip Code
Phone Number	Name of Agent	Policy Number	Expiration Date	

G. Have you ever been denied automobile insurance or had insurance cancelled?

Yes No If "Yes", please explain below:

H. Have you recently changed automobile insurance companies?

Yes No If "Yes", please indicate the following information relative to your prior insurance company?

Name of Company	Address	Zip Code	Phone Number	Date Discontinued
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Initials: _____

Application Checklist

The following documents must be included with this application, or explain fully why they are not included. All documents submitted become the property of the City of Hazelwood and the Hazelwood Police Department and will not be returned.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Completed Certificate of Applicant and Authorization for Release of Information | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Tax Information Authorization (IRS Form 8821) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Police Applicant Record Sheet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Certified copy of birth certificated (state issued with raised impression, certified, notarized copy). If you are applying for a non-commissioned (Civilian) position, a photo copy is acceptable. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Copies of all educational transcripts. High school and college must have a raised seal affixed. If you are applying for a non-commissioned (civilian) position, a photo copy is acceptable. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Copy of military discharge papers – DD Form 214 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Two recent facial color photographs. Polaroid, passport, or photo booth Photographs are acceptable. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Special Awards | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Naturalization Paper (If applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Copy of your insurance card | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Copy of any license, including state issued motor vehicle operator’s license, pilot’s license, and/or radio operator’s license. If you are applying for a non-commissioned (civilian) position, you need not submit this item. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you are unable to furnish any of these documents, please explain:

Document Number

Reason for Exclusion

Initials: _____



City of Hazelwood Request for Record Check

The existence of a conviction record will not necessarily be a bar to employment. Such facts as severity, time frame, frequency, and rehabilitation will be considered.

The applicant must provide the following information to conduct the check:

Name _____ DOB _____ Sex _____

Address _____ SSN _____ - _____ - _____

Driver's License Number _____ State/Year _____

License Plate Number _____ State/Year _____

Social Media Accounts: Website _____ Username _____

Please list additional sites
on separate form

Website _____ Username _____

Website _____ Username _____

Ethnic Origin:

- _____ White
_____ African-American
_____ Hispanic
_____ Asian or Pacific Islander
_____ Other, please explain: _____

Signature

Date

Print Name

Information pertaining to age and race could be used to discriminate against applicants. Such practices are against the law. The City of Hazelwood does not discriminate in its hiring process, and the above information will be used only to enable the City to conduct a criminal record check.

Initials: _____

Instructions for Form 8821

(Rev. February 2020)

Tax Information Authorization



Department of the Treasury
Internal Revenue Service

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Future Developments

For the latest information about developments related to Form 8821 and its instructions, such as legislation enacted after they were published, go to [IRS.gov/Form8821](https://www.irs.gov/Form8821).

Reminder

Authentication Alert. When your appointee calls the IRS, they must pass authentication procedures prior to the IRS speaking to them about your tax information.

Purpose of Form

Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information verbally or in writing for the type of tax and the years or periods you list on Form 8821. Form 8821 is also used to delete or revoke prior tax information authorizations. See the instructions for [line 6](#), later.

You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on Form 8821.

Form 8821 doesn't authorize your appointee to speak on your behalf; to execute a request to allow disclosure of return or return information to another third party; to

advocate your position with respect to federal tax laws; to execute waivers, consents, closing agreements; or represent you in any other manner before the IRS. Use Form 2848, Power of Attorney and Declaration of Representative, to authorize an individual to represent you before the IRS. The appointee may not substitute another party as your authorized designee.

Authorizations listed on prior Forms 8821 are automatically revoked unless you attach copies of your prior Forms 8821 to your new submissions.



Your appointee is never allowed to endorse or negotiate a taxpayer's refund check or receive a taxpayer's refund via direct deposit.

Need a copy of tax return information? Go to [IRS.gov/Transcripts](https://www.irs.gov/Transcripts) and click on either "Get Transcript Online" or "Get Transcript by Mail" to order a copy of your transcript. IRS transcripts of your tax return are often used instead of a copy of the actual tax return to validate income and tax filing status for mortgage applications, student and small business loan applications, and during tax preparation.

You may also request transcript information by mail by completing Form 4506-T, Request for Transcript of Tax Return, or Form 4506T-EZ, Short Form Request for Individual Tax Return Transcript. Alternatively, you may call 800-908-9946 to order a transcript over the phone.

If you want a photocopy of an original tax return, use Form 4506, Request for Copy of Tax Return. There is a fee for each return ordered, which must be paid with your request.

Where To File Chart

IF you live in...	THEN use this address...	Fax number*
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, or West Virginia	Internal Revenue Service 5333 Getwell Road, Stop 8423 Memphis, TN 38118	855-214-7519
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, or Wyoming	Internal Revenue Service 1973 Rulon White Blvd., MS 6737 Ogden, UT 84201	855-214-7522
All APO and FPO addresses, American Samoa, nonpermanent residents of Guam or the U.S. Virgin Islands**, Puerto Rico (or if excluding income under Internal Revenue Code section 933), a foreign country: U.S. citizens and those filing Form 2555 or 4563.	Internal Revenue Service International CAF Team 2970 Market Street MS 4-H14.123 Philadelphia, PA 19104	855-772-3156 304-707-9785 (Outside the United States)

* These numbers may change without notice. For updates, go to [IRS.gov/Form8821](https://www.irs.gov/Form8821) and search under "Recent Developments."

** Permanent residents of Guam should use Guam Department of Revenue and Taxation, P.O. Box 23607, GMF, GU 96921; permanent residents of the U.S. Virgin Islands should use V.I. Bureau of Internal Revenue, 6115 Estate Smith Bay, Suite 225, St. Thomas, VI 00802.

When a properly executed Form 8821 is on file with the IRS, your appointee can also get online tax information through [IRS.gov/eServices](https://www.irs.gov/eServices).

Form 56. Use Form 56, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer, not as a representative. A fiduciary may authorize an individual to represent or perform certain acts on behalf of the person or entity by filing a power of attorney that names the eligible individual(s) as representative(s) for the person or entity. Because the fiduciary stands in the position of the person or entity, the fiduciary must sign the power of attorney on behalf of the person or entity.

When To File

If you are submitting Form 8821 to authorize disclosure of your confidential tax information for a purpose other than addressing or resolving a tax matter with the IRS (for example, for income verification required by a lender), the IRS must receive the Form 8821 within 120 days of the taxpayer's signature date on the form. This 120-day requirement doesn't apply to a Form 8821 submitted to authorize disclosure for the purpose of assistance with a tax matter with the IRS.

Where To File

If you check the box on line 4, mail or fax Form 8821 to the IRS office handling the specific matter. Otherwise, mail or fax Form 8821 directly to the IRS address according to the [Where To File Chart](#).

Taxpayer Identification Number (TIN)

A TIN is used to confirm the identity of a taxpayer and identify the taxpayer's return and return information. It is important that you furnish your correct name, social security number (SSN), individual taxpayer identification number (ITIN), and/or employer identification number (EIN).

Partnership Items

Tax matters partner. For partnership tax years beginning prior to January 1, 2018, a tax matters partner is authorized to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 don't replace any provisions of law concerning the tax treatment of partnership items.

Partnership representative. For partnership tax years beginning after December 31, 2017, unless the partnership is an eligible partnership that has elected out of the centralized partnership audit regime, the partnership is required to designate a partnership representative. The partnership representative (as defined in section 6223(a)) has the sole authority to act on behalf of the partnership under the centralized partnership audit regime. The partnership representative doesn't have to be a partner; however, his or her actions will bind the partnership and all partners of such partnership in dealings with the IRS under the centralized partnership audit regime.

Appointee Address Change

If your appointee's address changes, a new Form 8821 isn't required. The appointee can provide the IRS with the new information by sending written notification of the new address to the location where the Form 8821 was filed. Your appointee must sign and date the written notice of address change.

Specific Instructions

Line 1. Taxpayer Information

Address information provided on Form 8821 will not change your last known address with the IRS. To change your last known address, use Form 8822 for your home address and Form 8822-B to change your business address.

Individual. Enter your name, TIN, and your street address in the space provided. Don't enter your appointee's name or address information in the Taxpayer information box. If a return is a joint return, the appointee(s) identified will only be authorized for you. Your spouse, or former spouse, must submit a separate Form 8821 to designate an appointee.

Corporation, partnership, or association. Enter the name, EIN, and business address.

Employee plan or exempt organization. Enter the name, address, and EIN or SSN of the plan sponsor/plan name, exempt organization or bond issuer. Enter the three-digit plan number when applicable. If you are the plan's trustee and you are authorizing the IRS to disclose the tax information of the plan's trust, see the instructions relating to the trust.

Trust. Enter the name, title, and address of the trustee, and the name and EIN of the trust.

Estate. Enter the name and address of the estate. If the estate doesn't have a separate taxpayer identification number, enter the decedent's SSN or ITIN.

Line 2. Appointee

Enter your appointee's full name and mailing address. Use the identical full name on all submissions and correspondence. Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee. The IRS doesn't assign CAF numbers for employee plan status determination or exempt organization application requests.

If you want to name more than one appointee, check the box on line 2, and attach a list of appointees to Form 8821. Provide the address, and requested numbers for each appointee named.

Check the appropriate box to indicate if the appointee's address, telephone number, or fax number is new since the IRS issued the CAF number.

Penalties for unauthorized disclosures. Appointees receiving tax information pursuant to a tax information authorization may be subject to penalties for unauthorized uses and disclosures of such information.

Line 3. Tax Information

Authority to access electronic IRS records via Intermediate Service Providers. Your appointee is not authorized to use an Intermediate Service Provider to retrieve your confidential tax information indirectly from the IRS **unless you check the box on line 3**. If you don't authorize the use of an Intermediate Service Provider, your appointee can obtain your tax information directly from the IRS by using the IRS e-Services Transcript Delivery System.

Intermediate Service Providers are privately owned companies that offer subscriptions to their software and/or services that your authorized appointee can use to retrieve, store, and display your tax return data (personal or business) instead of obtaining your tax information directly from the IRS through the IRS e-Services Transcript Delivery System. Intermediate Service Providers are independent of, and not affiliated in any way with, the IRS, and the IRS has no involvement in your appointee's **choice** to obtain your tax information directly from the IRS or use an Intermediate Service Provider to indirectly obtain your tax information from the IRS.

Columns (a)–(c). Enter the type of tax information, the tax form number, the years or periods, and the specific matter. For example, you may list "Income, 1040" for calendar year "2018" and "Excise, 720" for "2018" (this covers all quarters in 2018).

For multiple years or a series of inclusive periods, including quarterly periods, you may enter, for example, "2017 thru 2019" or "2nd 2017-3rd 2018." For fiscal years, enter the ending year and month, using the YYYYMM format.

Don't use a general reference such as "All years," "All periods," or "All taxes." Any tax information authorization with a general reference will be returned.

You may list the current year/period and any tax years or periods that have already ended as of the date you sign the tax information authorization. You may also list future tax years or periods. **However, the IRS will not record on the CAF system future tax years or periods listed that exceed 3 years from December 31 of the year that the IRS receives the tax information authorization.**



Centralized Partnership Audit Regime.

Partnerships under the centralized partnership audit regime are required to designate a partnership representative for each tax year; therefore, it is recommended that a separate Form 8821 be completed for each tax year.

Note. A Form 8821 for a future year **will not be allowed** since a partnership representative would not have been designated yet in a filed Form 1065.

You must enter the description of the matter, the tax form number, and the future year(s) or period(s). If the matter relates to estate tax, enter the date of the decedent's death instead of the year or period. If the matter relates to an employee plan, include the plan number in the description of the matter.

If you appoint someone only with respect to a penalty and interest due on that penalty, enter "civil penalty" in

column (a), and if applicable, enter the tax year(s) for the penalty. Enter "NA" (not applicable) in column (b). You don't have to enter the specific penalty.

If the taxpayer is subject to penalties related to an individual retirement account (IRA), enter "IRA civil penalty" in column (a).

Note. If Form W-2 is listed on line 3, then the appointee is entitled to receive taxpayer notices regarding any civil penalties and payments related to that Form W-2. A Form 8821 that lists a particular tax return will also entitle the appointee to receive the taxpayer notices regarding any return-related civil penalties and payments. For example, if Form 1040 is listed, the appointee is entitled to receive taxpayer notices regarding the failure-to-pay penalty. Specific reference to those penalties and payments isn't required. However, any civil penalty or healthcare-related payment that isn't return-related, such as the section 4980H employer shared responsibility payment, the annual fee for branded prescription drug sales under section 9008 of the Affordable Care Act (ACA), or health insurance provider fee under section 9010 of the ACA, isn't covered by the Form 8821 unless column (a) references "civil penalties" or the name of a specific penalty or payment.

Column (d). Enter any specific information you want the IRS to provide. Examples of column (d) information: lien information, balance due amount, a specific tax schedule, section 4980H employer shared responsibility payment information, or a tax liability.

Enter "not applicable" in column (d) if you are not limiting your appointee's authority to inspect and/or receive all confidential tax information described in columns (a), (b), and (c).

For requests regarding Form 8802, Application for United States Residency Certification, enter "Form 8802" in column (d) and check the specific use box on line 4. Also, enter the appointee's information the same as instructed on Form 8802.

Line 4. Specific Use Not Recorded on CAF

Generally, the IRS records all tax information authorizations on the CAF system. However, authorizations relating to certain issues or matters aren't recorded. Check the box on line 4 if Form 8821 is being submitted for a specific use that the IRS will not record on the CAF. Examples of specific uses not recorded include but are not limited to the following:

1. Requests to disclose information to loan companies or educational institutions.
2. Requests to disclose information to federal or state agency investigators for background checks.
3. Requests for information regarding the following forms:
 - a. Form SS-4, Application for Employer Identification Number;
 - b. Form W-2 Series;
 - c. Form W-4, Employee's Withholding Certificate;
 - d. Form W-7, Application for IRS Individual Taxpayer Identification Number;

- e. Form 843, Claim for Refund and Request for Abatement;
- f. Form 966, Corporate Dissolution or Liquidation;
- g. Form 1096, Annual Summary and Transmittal of U.S. Information Returns;
- h. Form 1098, Mortgage Interest Statement;
- i. Form 1099 Series;
- j. Form 1128, Application To Adopt, Change, or Retain a Tax Year;
- k. Form 2553, Election by a Small Business Corporation; or
- l. Form 4361, Application for Exemption From Self-Employment Tax for Use by Ministers, Members of Religious Orders and Christian Science Practitioners.

If you check the box on line 4, your appointee should mail or fax Form 8821 to the IRS office handling the matter. Otherwise, your appointee should bring a copy of Form 8821 to each appointment to inspect or receive information. A specific-use tax information authorization will not revoke any prior tax information authorizations.

Line 5. Disclosure of Tax Information

The IRS will send copies of notices and communications to no more than two appointees. If you check the box for line 5a and the IRS has a prior Form 2848 or Form 8821 from you that authorized other appointees to receive copies of notices and communications for the same tax and tax years, the IRS will stop sending notices and communications to the appointees designated on the prior Form 2848 or Form 8821.

Line 6. Retention/Revocation of Prior Tax Information Authorizations

If the line 4 box is checked, skip line 6. If line 4 isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you instruct otherwise. If you don't want a prior tax information authorization submission to be revoked, you must attach a copy of the tax information authorization that you want to retain and check the line 6 box.

Revocation request. If you want to revoke a prior tax information authorization without submitting a new authorization, write "REVOKE" across the top of the particular authorization that you want to revoke. Provide a current taxpayer signature and date under the original signature that was provided on line 7.

If you don't have a copy of the tax information authorization you want to revoke, and it isn't a specific-use authorization, send a notification to the IRS using the corresponding address in the [Where To File Chart](#). In the notification:

1. State that the authority of the appointee is revoked,
2. List the name and address of each appointee whose authority is being revoked,
3. List the tax matters and tax periods, and
4. Sign and date the notification.

If you are completely revoking the authority of the appointee, state "revoke all years/periods" instead of listing the specific tax matters, years, or periods.

To revoke a specific-use tax information authorization, send the tax information authorization or notification of revocation to the IRS office handling your case, using the instructions above.

Line 7. Signature of Taxpayer

Individual. You must sign and date the authorization. If a joint return has been filed, your spouse must execute his or her own authorization on a separate Form 8821 to designate an appointee.

Corporation. Generally, Form 8821 can be signed by:

1. An officer having authority under applicable state law to bind the corporation,
2. Any person designated by the board of directors or other governing body,
3. Any officer or employee on written request by any principal officer and attested to by the secretary or other officer, and
4. Any other person authorized to access information under section 6103(e)(1)(D), except for a person described in section 6103(e)(1)(D)(iii) (bona fide shareholders of record owning 1% or more of the outstanding stock of the corporation).

Partnership. Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. See [Partnership Items](#), earlier. If the Form 8821 covers more than one tax year or tax period, the person must have been a member of the partnership for all or part of each tax year or period covered by Form 8821.

If the Form 8821 covers matters under the centralized partnership audit regime, Form 8821 can be signed by the partnership representative (or designated individual, if applicable).



For partnership tax years beginning after December 31, 2017, the Bipartisan Budget Act of 2015, which repealed the TEFRA partnership audit and litigation procedures and the rules applicable to electing large partnerships and replaced them with a new centralized partnership audit regime, has eliminated the role of "tax matters partner" and replaced it with "partnership representative." Pursuant to Treasury Regulations section 301.9100-22, a partnership can elect to have the new regime apply to partnership returns for tax years beginning after November 2, 2015, and before January 1, 2018.

Employee plan. If the plan is listed as the taxpayer on line 1, a duly authorized individual having authority to bind the taxpayer must sign and that individual's exact title must be entered.

Trust. A trustee having the authority to bind the trust must sign with the title of trustee entered. If the trust hasn't previously submitted a completed Form 56, Notice Concerning Fiduciary Relationship, identifying the current

trustee, the trust must submit a Form 56 to identify the current trustee.

Estate. An executor having the authority to bind the estate must sign. A Form 56 should be filed to identify the executor. If there is more than one executor, only one co-executor having the authority to bind the estate is required to sign. See Regulations section 601.503(d).

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 authorizes the IRS to disclose your confidential tax information to the person you appoint. This form is provided for your convenience and its use is voluntary. The information is used by the IRS to determine what confidential tax information your appointee can inspect and/or receive. Section 6103(c) and its regulations require you to provide this information if you want to designate an appointee to inspect and/or receive your confidential tax information. Under section 6109, you must disclose your identification number. If you don't provide all the information requested on this form, we may not be able to honor the authorization. Providing false or fraudulent information may subject you to penalties.

We may disclose this information to the Department of Justice for civil or 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 nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't 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.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 6 min.; **Learning about the law or the form**, 12 min.; **Preparing the form**, 24 min.; **Copying and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 8821 simpler, we would be happy to hear from you. You can send your comments from [IRS.gov/FormComments](https://www.irs.gov/FormComments). Or you can send your comments to the Internal Revenue Service, Tax Forms and Publications, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Don't** send Form 8821 to this office. Instead, see the [Where To File Chart](#).

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.

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	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. _____
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

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.

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

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 don't 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 isn't 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, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or party 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 COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
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Print Name	Title (if applicable)
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