

Did you know? You can log into GovConnectIowa to submit this form online. Don't have a GovConnectIowa account? Find the link and additional information at revenue.iowa.gov.

Purpose of this form

Taxpayer information is confidential. Ordinarily, the Iowa Department of Revenue will only discuss confidential tax information with the taxpayer or the taxpayer's power of attorney. However, the Department can discuss confidential state tax information with an individual authorized under a tax information disclosure designation, but only to the extent permitted by such designation. A disclosure designation does not authorize a designee to represent the taxpayer or receive federal tax information. Taxpayers must complete an IA 2848 Iowa Department of Revenue Power of Attorney to authorize an individual to represent them in Iowa state tax matters.

To request copies of a tax return, complete form IA 4506 Request for Copy of Tax Return (95-504).

1. Taxpayer or Business Information

Legal name: _____

Taxpayer address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Complete one:

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN): _____

Federal Employer Identification Number (FEIN): _____

2. Authorized Designee (The authorized designee cannot be a business.)

For the designee all fields are required. Include an identification number and indicate the type: SSN/ ITIN, Preparer's Tax Identification Number (PTIN), Centralized Authorization File (CAF), or Iowa Account Number (IAN). To request an IAN, visit govconnect.iowa.gov and complete the Request an Iowa Account Number (IAN) form. You must provide your SSN or ITIN to complete this request. The designee may not substitute another party as your authorized designee. A separate IA 8821 is to be completed for each designee

Designee name: _____

Designee identification number: _____

ID type, check one: SSN/ITIN PTIN CAF IAN

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

3. Tax Matters

A designee may be authorized to receive and inspect the taxpayer's confidential state tax information for an unlimited number of prior tax periods, and tax periods ending up to three years beyond the date noted on the signature line of this form. The Department can only discuss the matters noted. To modify a designation, submit a new form IA 8821 Tax Information Disclosure Designation.

Tax type(s) or other matters: These may include individual, corporate, partnership, fiduciary, franchise, inheritance, retail sales, retailers or consumers use, withholding, fuel, collections, or other matters. If blank, all tax types or matters are included.

Iowa tax account or permit number: If blank, all accounts or permits, including those issued in the future, can be discussed. Enter an account/permit number to limit the discussion to a specific account/permit.



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Beginning/ending tax period: If blank, all tax periods, from the account commence date to three years beyond the date noted on the signature line of this form, are included. If the disclosure should be limited to a particular time period, note the appropriate tax period(s). Use separate lines if tax periods are not consecutive.

Specific tax matter: Leave blank if there are no restrictions on the information that can be disclosed for a given tax type, permit, or tax period. If the disclosure should be limited, note any limitations.

Tax type(s) or other matters	Iowa tax account or permit number	Beginning/ending tax period(s) (MM/YY- MM/YY)	Specific tax matter (optional) Note limitations, if any.

4. Signature

Individual, sole proprietor, single member LLC: The taxpayer or an authorized representative with a valid IA 2848, Representative Certification, or Authorized Entity Representative form on file with the Department must sign the form.

Other entity types: An authorized representative with a valid IA 2848, Representative Certification, or Authorized Entity Representative form on file with the Department must sign the form.

The above designee is hereby authorized to receive and inspect my confidential state tax information and communicate with the Department.

I, the undersigned, declare under penalties of perjury or false certificate, that I am the person listed as "Taxpayer" above or otherwise have the authority to sign this form. I hereby authorize the representative(s) listed above to receive and discuss my confidential information.

Signature must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Signature: _____ Date: _____

Print name: _____ Title: _____

Incomplete forms will not be accepted. This form must be submitted within six months from the date signed or it will not be accepted.

Submit this form online on GovConnectIowa, mail to Registration Services, Iowa Department of Revenue, PO Box 10470, Des Moines IA 50306-0470, or FAX to 515-281-3906.

The integrity and security of sending personal information via fax or email cannot be guaranteed. By submitting this form via fax or email, you agree to hold the Department harmless if a fax or an email results in third party access to the information.

This designation will remain in effect until specifically revoked, even if a new disclosure form is filed. To revoke a designation, send a statement to the Department listing the following:

- Taxpayer or business legal name, and SSN/ITIN or FEIN
- Name(s) of the designee(s), or note "all" to revoke all designees

Sign and date the statement. The statement may be a single sentence notifying the Department of your intent to revoke. Revocation of a designation will be effective on the date received by the Department.

Revocation of a designation will not affect a power of attorney representative authorization.

