

# Tax Information Authorization

▶ **Do not use this form to request a copy or transcript of your tax return.  
Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1165  
**For IRS Use Only**

Received by: \_\_\_\_\_  
Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Function \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

|  |                           |   |
|--|---------------------------|---|
| Taxpayer name(s) and address (type or print) | Social security number(s) | Employer identification number            |
|  | Daytime telephone number  | Plan number (if applicable)<br><b>001</b> |

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

|  |   |
|--|---|
| Name and address<br><b>Gregory D. Wolf; ICE MILLER LLP;<br/>One American Square, Suite 2900;<br/>Indianapolis, IN 46282-0200</b> | CAF No. _____<br>Telephone No. <b>317-236-2201</b><br>Fax No. <b>317-592-4279</b> |
|--|---|

**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

| (a)<br>Type of Tax<br>(Income, Employment, Excise, etc.)<br>or Civil Penalty             | (b)<br>Tax Form Number<br>(1040, 941, 720, etc.) | (c)<br>Year(s) or Period(s)<br>(see the instructions for line 3) | (d)<br>Specific Tax Matters (see instr.) |
|--|--|--|--|
| All matters regarding the qualification of the taxpayer's plan under IRC Section 401(a). | <b>Form 5300</b>                                 | <b>N/A</b>   | <b>N/A</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 on page 3. If you check this box, skip lines 5 and 6 . . . . .

- 5 Disclosure of tax information** (you **must** check the 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 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 on page 3.

**7 Signature of taxpayer(s).** If a tax matter applies to a joint return, **either** husband or wife must sign. 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/periods on line 3 above.  
▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

PIN number for electronic signature

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

PIN number for electronic signature