

Internal Revenue Service Tax Compliance Certification For Registered Farm Labor Contractors

Farm Labor Unit
PO Box 44510 www.Lni.wa.gov/FarmLabor
Olympia WA 98504-4510 1-866-219-7321 / 360-902-5316

| | |
|---|--|
| Applicant Name (Last, First, Middle Initial) | Social Security Number (SSN) |
| Mark One Box <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Tax Matters Person | Type of Business (Mark one box & list Tax ID Number) |
| Business Name | Sole Proprietor <input type="checkbox"/> _____ Partnership <input type="checkbox"/> _____ Corporation <input type="checkbox"/> _____ Other (Specify) <input type="checkbox"/> _____ |
| DBA (Doing Business As), if applicable | |
| Have you done business under any other business name or Employer Identification Number (EIN)? <input type="checkbox"/> Yes <input type="checkbox"/> No | Did you have employees working for your business in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", number: _____ |
| If "Yes", list the name(s) and the EIN number(s) below: Name: _____ EIN: _____ | Do you expect to have employees working for you in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", number: _____ |
| Name: _____ EIN: _____ | |
| Address (List Street/PO Box, City, State, Zip Code) | Daytime Telephone Number |
| | Fax Number |

This section to be completed in full by IRS staff only.

Internal Revenue Service Certification

[Mark one box, then sign and date form.]

| | Yes | No | N/A |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| Outstanding Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Returns Filed: | | | |
| 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"/> |

In Compliance

Not In Compliance

Signature of IRS Certifying Official: _____ Date: _____

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

| | |
|---|--|
| Address: Internal Revenue Service – EG: 2315 1220 SW 3 rd Ave Suite G044 Portland OR 9704-2827 MS: 0105 Attn: A. Gaylord | Fax Number: 503-227-5594 Phone Number: 503-265-3743 |
|---|--|

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

▶ 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 Department of Labor and Industries Attn: Farm Labor Contractor Unit PO Box 44510, Olympia WA 98504-4510 | CAF No. _____ PTIN _____ Telephone No. _____ (360) 902-5316 Fax No. _____ (360) 902-5300 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 |
|--|---|-----------------------------|-----------------------------|
| Income/Business | 1040, 1065, 1120, 1120S | 2015 - 2019 | |
| Employment | 940, 941, 943, 944, 945 | 2015 - 2019 | |
| | | | |

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, 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 COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

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

| | |
|------------|-----------------------|
| Signature | Date |
| Print Name | Title (if applicable) |