

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. See instructions.

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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 6.

Taxpayer name and address
Fast Micro Solutions
4255 NW 39th PL
Coconut Creek

FL

33073

Taxpayer identification number(s)
883395567

Daytime telephone number (754) 253-6285 Plan number (if applicable)

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ☐

Name and address Craig Boelte, Chief Financial Officer
Paycom Payroll LLC
7501 W Memorial Road MS#220
Oklahoma City OK 73142

CAF No. 0304-34907R
PTIN NONE
Telephone No. 844.615.6424
Fax No. 405.720.4653

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Check if to be sent copies of notices and communications ☒

Name and address

CAF No. _____
PTIN _____
Telephone No. _____
Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Check if to be sent copies of notices and communications ☐

3 Tax information. Each designee 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
EMPLOYMENT	940/W-3/W-2	01/01/2022 to 12/31/2024	
PAYROLL	941/943/944	01/01/2022 to 12/31/2024	
CIVIL PENALTY	W-3/W-2/W-3-CM/W-2-PR/941/1094/1095	01/01/2022 to 12/31/2024	

4 Specific use not recorded on the 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 line 5 ☐


5 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 5 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 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual 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 COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

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


Signature

11/15/2022

Date

Ray Rosario

CEO

Print Name

Title (if applicable)