

Internal Revenue Service Tax Compliance Certification For Registered Farm Labor Contractors

Farm Labor Unit
PO Box 44510
Olympia WA 98504-4510

ESFarmLabor@Lni.wa.gov
Phone 1-866-219-7321 / 360-902-4537
Fax: 360-902-5300

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"/> _____
DBA (Doing Business As), if applicable	Partnership <input type="checkbox"/> _____
Have you done business under any other business name or Employer Identification Number (EIN)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Corporation <input type="checkbox"/> _____
If "Yes", list the name(s) and the EIN number(s) below: Name: _____ EIN: _____	Other (Specify) <input type="checkbox"/> _____
Name: _____ EIN: _____	Did you have employees working for your business in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", number: _____
Address (List Street/PO Box, City, State, Zip Code)	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: _____
	Email Address
	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.]

Returns Filed:

Outstanding Liability

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payroll [Forms 941, 940, 943]

Individual Income [Form 1040]

Corporation [Form 1120]

Other (Specify)

In Compliance

Not In Compliance

Signature of IRS Certifying Official: _____ Date: _____

Forms may be certified by contacting the INTERNAL REVENUE SERVICE (via fax only) at the contact information 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. Please also submit IRS Form 8821, completed and signed by the business owner. Failure to do so will cause a no-response to Washington State.

IRS Contact Information:	Fax: 877-210-1370 Attn: Ann Gaylord	Phone Number: 503-265-3743
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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, Cristina Rodriguez PO Box 44510 Olympia WA 98504-4510	CAF No. _____ PTIN _____ Telephone No. 1-866-219-7321 / 360-902-4537 Fax No. 360-902-5300 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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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	2018 - 2022	
Employment	940, 941, 943, 944, 945	2018 -2022	
		2018- 2022	

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
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Print Name	Title (if applicable)
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