

**Tax Information Authorization**

OMB No. 1545-1185

For IRS Use Only

Received by:

Name \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.

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

Taxpayer name(s) and address (type or print) <b>WARRIOR BEACH RETREAT INC</b> <b>207 SUMMERWOOD DRIVE</b> <b>PANAMA CITY BEACH, FL 32413</b>	Social security number(s) _____ _____ _____	Employer identification number <b>38 : 3804447</b>
	Daytime telephone number ( <b>850</b> ) <b>249-0305</b>	Plan number (if applicable)

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

Name and address <b>PHILIP N COPE</b> <b>207 SUMMERWOOD DRIVE</b> <b>PANAMA CITY BEACH, FL 32413</b>	CAF No. <u>NONE</u> Telephone No. <u>850-873-8887</u> Fax No. <u>850-873-8977</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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**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) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
<b>EMPLOYMENT</b>	<b>940,941</b>	<b>2009-2012</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 4. 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

**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 4.

**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.**

▶ **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

*Linda H. Cope - President* 10/13/09  
 Signature Date

Signature Date

**Linda H Cope - President**  
 Print Name Title (if applicable)

Print Name Title (if applicable)

PIN number for electronic signature

PIN number for electronic signature