Department of the Treasury Internal Revenue Service

Power of Attorney

Part I

Power of Attorney and Declaration of Representative

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

OMB No. 1545-0150 For IRS Use Only

i or ind ode only
Received by:
Name
Telephone

	Caution: A separate Form 2848 must be completed for a for any purpose other than representation before the IRS.		,			Function Date		/
2844 I	Taxpayer information. Taxpayer must sign and date this form on page Bevens Persimmon DR	2, line 7. Taxpayer identification number(s) 297-72-0629						
Sylvar	nia, OH 43560					number (if applicable)		
 hereby	appoints the following representative(s) as attorney(s)-in-fact:							
2	Representative(s) must sign and date this form on page 2, Part II.							
	Collins		CAF No.	0315	-54449R			
	Ocoee St #64		PTIN P03013529					
Cnatta	anooga, TN 37363		Telephone No. 423-482-9737					
			Fax No.		558-3274			
Check	if to be sent copies of notices and communications	Chec	k if new: Address 🗹	Telepho	ne No. 🗌		Fax No.	
			CAF No.					
			PTIN					
			Telephone No.					
	<u>_</u>							
Check	if to be sent copies of notices and communications	Chec	k if new: Address	Telepho	ne No. 🗌	F	ax No.	
			CAF No.					
			PTIN					
		Telephone No.						
(Note:	IRS sends notices and communications to only two representatives.)	Chec	k if new: Address		ne No. 🗌	•	Fax No.	
		PTIN						
			Telephone No.					
/Notos	IRS sends notices and communications to only two representatives.)	Fax No. Check if new: Address Telephone No. Fax No.						
	esent the taxpayer before the Internal Revenue Service and perform the f			тегерпо	ne no		ax NO.	
3	esent the taxpayer before the internal nevenue service and perform the r	onowing a	cts.					
3	Acts authorized (you are required to complete line 3). Except for the	acts descr	hed in line 5h. Lauthoriz	mv renres	sentative(s)	to receive	e and in	snect my
	confidential tax information and to perform acts I can perform with re							
	have the authority to sign any agreements, consents, or similar documen	•			•	, .		
De	escription of Matter (Income, Employment, Payroll, Excise, Estate, Gift,							
Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H			Tax Form Number (1040, 941, 720, etc.) (if applicable)		Year(s) or Period(s) (if applicable) (see instructions)			
	Shared Responsibility Payment, etc.) (see instructions)	(1040, 541, 720, etc.) (II applicable)		ibic)	(see instructions)			
Incom	e / Separate Assessment	104	O (MFT 30) / 1040 (MFT	31)	200	0 throug	h 2026	ı
Civil P	enalty		N/A		2000 through 2026			
Civili charty		N/A			1st,2nd,3rd,4th Qtrs.			
Share	d Responsibility Payments		MFT 35		2013 through 2026			
						-		
4	Specific use not recorded on the Centralized Authorization File (C.	AF). If the	power of attorney is for	a specific i	use not rec	orded on	CAF, c	heck
	this box. See <i>Line 4</i> . <i>Specific Use Not Recorded on CAF</i> in the instructions .		•	•				• [
5a	Additional acts authorized. In addition to the acts listed on line 3 above							ructions
	for line 5a for more information):							
	Other acts authorized:							

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b	payment by any means, electronic or otherwise, into representative(s) is (are) associated) issued by the go	an account owned or controlled by the reprevernment in respect of a federal tax liability.	e negotiate any check (including directing or accepting esentative(s) or any firm or other entity with whom the
	List any other specific deletions to the acts otherwise	authorized in this power of attorney (see ins	structions for line 5b):
6	Retention/revocation of prior power(s) of attorne with the Internal Revenue Service for the same mat attorney, check here	tters and years or periods covered by this f	orm. If you do not want to revoke a prior power of
7	Taxpayer declaration and signature. If a tax matte even if they are appointing the same representative (or designated individual, if applicable), executor, recto execute this form on behalf of the taxpayer. ► IF NOT COMPLETED, SIGNED, AND DATED,	r concerns a year in which a joint return was (s). If signed by a corporate officer, partner, s ceiver, administrator, trustee, or individual o	filed, each spouse must file a separate power of attorney guardian, tax matters partner, partnership representative ther than the taxpayer, I certify I have the legal authority
	Penise Bevens Signature	09/27/2024 Date	Title (if applicable)
Denis	e Bevens	Date	ride (ii applicable)
	Print name	Print name of tax	payer from line 1 if other than individual
Part	Declaration of Representative		
Under	penalties of perjury, by my signature below I declare tl	hat:	
l am r	not currently suspended or disbarred from practice, or i	neligible for practice, before the Internal Rev	renue Service;
l am s	ubject to regulations in Circular 230 (31 CFR, Subtitle A,	Part 10), as amended, governing practice bet	fore the Internal Revenue Service;
l am a	uthorized to represent the taxpayer identified in Part I	for the matter(s) specified there; and	
l am c	one of the following:		
a At	torney—a member in good standing of the bar of the l	highest court of the jurisdiction shown belov	v.
b Ce	ertified Public Accountant—a holder of an active licens	e to practice as a certified public accountant	in the jurisdiction shown below.
c En	rolled Agent—enrolled as an agent by the IRS per the I	requirements of Circular 230.	
d Of	fficer—a bona fide officer of the taxpayer organization.		
e Fu	ıll-Time Employee—a full-time employee of the taxpay	er.	
f Fa	mily Member—a member of the taxpayer's immediate fa	mily (spouse, parent, child, grandparent, grand	lchild, step-parent, step-child, brother, or sister).
-	nrolled Actuary—enrolled as an actuary by the Joint Bonited by section 10.3(d) of Circular 230).	ard for the Enrollment of Actuaries under 29	U.S.C. 1242 (the authority to practice before the IRS is
ar a		there is no signature space on the form); (2) g Season Program Record of Completion(s). S	parer may represent, provided the preparer (1) prepared was eligible to sign the return or claim for refund; (3) has see Special Rules and Requirements for Unenrolled
	ualifying Student or Law Graduate—receives permissio udent, or law graduate working in a LITC or STCP. See i		
r Er	nrolled Retirement Plan Agent—enrolled as a retirement evenue Service is limited by section 10.3(e)).		•

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d–f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
c	IRS	00150946-EA	po	10/1/2024