## 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
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for any purpose other than representation before the IR <b>1 Taxpayer information.</b> Taxpayer must sign and date this form or				Date / /		
Frank Burton Sr		Taxpayer identification num	ber(s)			
1807 Baldridge Ave		197-42-8661				
Connellsville, PA 15425		Daytime telephone number	Planı	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						
David Collins 9301 Ocoee St #64		CAF No. <b>0315-54449R</b>				
Chattanooga, TN 37363			P03013529			
<del>-</del> -		Telephone No.		423-482-9737		
Check if to be sent copies of notices and communications	Char	Fax No. k if new: Address ✓ Te	423-558-327			
Check if to be sent copies of notices and communications	Chec		lephone No. L			
		0.711				
		Telephone No.				
		F N				
Check if to be sent copies of notices and communications	Chec		lephone No.	Fax No.		
			•	<del>-</del>		
		Telephone No.				
		Fax No.				
(Note: IRS sends notices and communications to only two representatives.)	Chec		ephone No. 🛚			
		CAF No.				
		PTIN				
		Telephone No.				
(Note: IRS sends notices and communications to only two representatives.)			lephone No.	Fax No		
to represent the taxpayer before the Internal Revenue Service and perform	n the following ac	TS:				
3	41 4	and in the after the decides were		(-) <b></b>		
Acts authorized (you are required to complete line 3). Except for confidential tax information and to perform acts I can perform w		•	•			
have the authority to sign any agreements, consents, or similar do	•		•			
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gil				<del>-</del>		
Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)		Tax Form Number	1 ' '	or Period(s) (if applicable)		
		(1040, 941, 720, etc.) (if applicable)		(see instructions)		
Income / Separate Assessment	1040	1040 (MFT 30) / 1040 (MFT 31)		2000 through 2026		
Civil Penalty		N/A		2000 through 2026		
				1st,2nd,3rd,4th Qtrs.		
Shared Responsibility Payments		MFT 35	2	2013 through 2026		
4 Specific use not recorded on the Centralized Authorization F		· · · · · · · · · · · · · · · · · · ·		_		
this box. See Line 4. Specific Use Not Recorded on CAF in the instruc						
	Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions					
·	or line 5a for more information):  Access my IRS records via an Intermediate Service Provider;  Authorize disclosure to third parties;  Substitute or add representative(s);  Sign a return;					
ப் Substitute o	☐ Authorize disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return; ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
-						
Other acts authorized:						

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b	•	nto an account owned or controlled by the re	vise negotiate any check (including directing or accepting presentative(s) or any firm or other entity with whom the y.
	List any other specific deletions to the acts otherw	ise authorized in this power of attorney (see	instructions for line 5b):
6			matically revokes all earlier power(s) of attorney on file s form. If you <b>do not</b> want to revoke a prior power of
	YOU MUST ATTACH A COPY OF ANY POW	ER OF ATTORNEY YOU WANT TO REMA	AIN IN EFFECT.
7	even if they are appointing the same representati	ive(s). If signed by a corporate officer, partne receiver, administrator, trustee, or individual	as filed, each spouse must file a separate power of attorney r, guardian, tax matters partner, partnership representative I other than the taxpayer, I certify I have the legal authority OF ATTORNEY TO THE TAXPAYER.
<b>£</b>	PRIME BURTON SR	3/21/2024	
	Signature	Date	Title (if applicable)
Frank	Burton Sr		
	Print name	Print name of t	axpayer from line 1 if other than individual
Part		Think hande of t	axpayer normine i ii other than mervieda
Under	penalties of perjury, by my signature below I declar	e that:	
• I am r	not currently suspended or disbarred from practice, o	or ineligible for practice, before the Internal P	evenue Service;
	ubject to regulations in Circular 230 (31 CFR, Subtitle		
• I am a	authorized to represent the taxpayer identified in Pa	rt I for the matter(s) specified there; and	
• I am c	one of the following:	·	
a At	torney—a member in good standing of the bar of th	ne highest court of the jurisdiction shown bel	ow.
<b>b</b> Ce	ertified Public Accountant—a holder of an active lice	ense to practice as a certified public accounta	nt in the jurisdiction shown below.
<b>c</b> En	rolled Agent—enrolled as an agent by the IRS per th	ne requirements of Circular 230.	
<b>d</b> Of	fficer—a bona fide officer of the taxpayer organization	on.	
<b>e</b> Fu	ıll-Time Employee—a full-time employee of the taxp	oayer.	
<b>f</b> Fa	mily Member—a member of the taxpayer's immediate	family (spouse, parent, child, grandparent, gra	ndchild, step-parent, step-child, brother, or sister).
_	nrolled Actuary—enrolled as an actuary by the Joint mited by section 10.3(d) of Circular 230).	Board for the Enrollment of Actuaries under 2	29 U.S.C. 1242 (the authority to practice before the IRS is
aı	nd signed the return or claim for refund (or prepared	d if there is no signature space on the form); ( $\stackrel{\cdot}{a}$	oreparer may represent, provided the preparer (1) prepared 2) was eligible to sign the return or claim for refund; (3) has

- Return Preparers in the instructions for additional information.

  k Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
- r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue 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.

 $\textbf{Note:} \ For \ designations \ d-f, enter \ your \ title, position, or \ relationship \ to \ the \ taxpayer \ in \ the \ \text{``Licensing jurisdiction'' column}.$ 

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
С	IRS	00150946-EA		03/25/2024