(Rev. January 2021) Department of the Treasury

Internal Revenue Service

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

Received by:

Part I **Power of Attorney**

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored

Name _ Telephone ___ Function ___

	for any purpose other than representation before the IRS.					Date /	/	
952 B	Taxpayer information. Taxpayer must sign and date this form on page lel Connelly riar Ln	ge 2, line 7.						
Pottst	own, PA 19464		Daytime telephone nu	mber	Plan num	ber (if applicat	ole)	
hereby	appoints the following representative(s) as attorney(s)-in-fact:		1					
2	Representative(s) must sign and date this form on page 2, Part II.							
	Collins		CAF No.	0315-	54449R			
9301 Ocoee St #64 Chattanooga, TN 37363			PTIN P03013529					
Cilatti	ttanooga, TN 37303		Telephone No.		423-482-9737			
			Fax No.	423-558-3274				
Check	if to be sent copies of notices and communications	Che	ck if new: Address ✓	Telephon	e No. 🗌	Fax No.	. 🗌	
			CAF No.					
			PTIN					
			T 1 1 N					
			F N					
Check	if to be sent copies of notices and communications	Che	ck if new: Address 🗌	Telephon		Fax No.		
			CAF No.					
			DTIN					
			Telephone No.					
			Fax No.					
(Note:	IRS sends notices and communications to only two representatives.)	Chec	ck if new: Address	Telephon	e No. \square	Fax No.		
<u> </u>	, ,		CAF No.	•	•			
			CAF No. PTIN					
			Fav. Na					
(Note:	IRS sends notices and communications to only two representatives.)	Char	ck if new: Address	Telephon	_	Fax No.		
	esent the taxpayer before the Internal Revenue Service and perform the			relephon	<u> </u>	1 42 140.		
3	esent the taxpayer before the internal nevenue service and perform the	. ronowing a	cts.					
3	Acts authorized (you are required to complete line 2). Except for th	o acts doser	had in line 5h Lautherize	my roproco	ntativo(s) to	rocoivo and in	schoot my	
	Acts authorized (you are required to complete line 3). Except for the confidential tax information and to perform acts I can perform with							
	have the authority to sign any agreements, consents, or similar docum							
	, , , , , , , , , , , , , , , , , , , ,	lerres (see inte	tractions for fine 5a for at	atmornzing a i	- cpreserituti	ve to sign a re-		
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H			Tax Form Number		Year(s) or Period(s) (if applicable)			
Shared Responsibility Payment, etc.) (see instructions)		(1040	, 941, 720, etc.) (if applica	ble)	(see instructions)			
Income / Separate Assessment		104	1040 (MFT 30) / 1040 (MFT 31)		2000 through 2026			
	ne / Separate /issessificiti		o (1 50) / 10 10 (1 1	, ,		oug 2020		
Civil P	Penalty		N/A		2000	through 2026		
Civil Penalty			II/A	1st,2nd,3rd,4th Qtrs.				
Sharo	d Responsibility Payments		MFT 35		2013 through 2026			
Jilaie	u nesponsibility rayments		IVIF I 33		2013 tillough 2020			
4	Specific use not recorded on the Centralized Authorization File (CAF) If the	nower of attorney is for	a specific us	e not recor	ded on CAF (-heck	
•	this box. See <i>Line 4. Specific Use Not Recorded on CAF</i> in the instruction:						▶ □	
5a							ructions	
Ju	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 for line 5a for more information):							
	□ Authorize disclosure to third parties; □ Substitute or add representative(s); □ Sign a return;							
		a representa	ы. т. с.(3), — элупан					
	Oshov osta ovthovinost.							
	Other acts authorized:							

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b	payment by any means, electronic or otherw representative(s) is (are) associated) issued b	ative(s) is (are) not authorized to endorse or otherwise r rise, into an account owned or controlled by the represe y the government in respect of a federal tax liability.	entative(s) or any firm or other entity with whom the
	List any other specific deletions to the acts of	therwise authorized in this power of attorney (see instr	uctions for line 5b):
6	with the Internal Revenue Service for the sa attorney, check here	attorney. The filing of this power of attorney automat	rm. If you do not want to revoke a prior power of
7	Taxpayer declaration and signature. If a ta even if they are appointing the same repress (or designated individual, if applicable), execute this form on behalf of the taxpayer	POWER OF ATTORNEY YOU WANT TO REMAIN ax matter concerns a year in which a joint return was fil entative(s). If signed by a corporate officer, partner, guentor, receiver, administrator, trustee, or individual other. DATED, THE IRS WILL RETURN THIS POWER OF A	led, each spouse must file a separate power of attorne uardian, tax matters partner, partnership representativ ner than the taxpayer, I certify I have the legal authorit
	Min	09/27/2024	
Micha	Signature el Connelly	Date	Title (if applicable)
	Print name	Print name of taxpa	ayer from line 1 if other than individual
Part	II Declaration of Representativ	e	·
Under	penalties of perjury, by my signature below I c	leclare that:	
l am n	ot currently suspended or disbarred from prac	tice, or ineligible for practice, before the Internal Rever	nue Service;
l am sı	ubject to regulations in Circular 230 (31 CFR, Su	ubtitle A, Part 10), as amended, governing practice before	re 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 o	ne of the following:		
a Att	torney—a member in good standing of the ba	r of the highest court of the jurisdiction shown below.	
b Ce	ertified Public Accountant—a holder of an activ	ve license 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 requirements of Circular 230.	
d Of	ficer—a bona fide officer of the taxpayer orga	nization.	
e Fu	ll-Time Employee—a full-time employee of the	e taxpayer.	
	•	ediate family (spouse, parent, child, grandparent, grandch	
	rolled Actuary—enrolled as an actuary by the nited by section 10.3(d) of Circular 230).	Joint Board for the Enrollment of Actuaries under 29 U.	.S.C. 1242 (the authority to practice before the IRS is
an a v	nd signed the return or claim for refund (or pre	ce before the IRS is limited. An unenrolled return prepared if there is no signature space on the form); (2) wauld Filing Season Program Record of Completion(s). Seconal information.	as eligible to sign the return or claim for refund; (3) has
	, ,	ermission to represent taxpayers before the IRS by virto CP. See instructions for Part II for additional information	

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.

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	pa.	10/15/2024