Form **2848**

(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:
Name _____
Telephone ____
Function

Part I Power of Attorney						Telephone		
Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored						Function		
for any purpose other than representation before the IRS.					Date			
1 Taxpayer information. Taxpayer must sign and date this form on p	page 2, line							
Taxpayer name and address BEATRIZ F COTTO Taxpayer identification number(s) 563-31-0405								
500 RANCHEROS DR.	563-31-0405 Daytime telephone number				1-1-1			
SAN MARCOS, CA 92069		Daytime telephone number Plan n			umber (IT a	арриса	bie)	
hereby appoints the following representative(s) as attorney(s)-in-fact:		(423) 40	2-9131					
2 Representative(s) must sign and date this form on page 2, Part II.								
Name and address		CAE No	0315	5-54449R				
DAVID COLLINS	CAF No. 0315-54449R PTIN P03013529							
9301 OCOEE ST, #64	Telephone No. (423) 482-9737							
OOLTEWAH, TN 37363		Fax No. (423) 558-3274						
Check if to be sent copies of notices and communications ✓	Check if new: Address Telephone No.			Fax No.				
Name and address		CAF No.						
		Telephone No)					
_		Fax No.						
Check if to be sent copies of notices and communications	Check i	f new: Address L	Telepho	ne No. 🔲	Fa	ax No.		
Name and address		CAF No.						
	PTIN							
	Telephone No.							
(Nata IDS condo nations and communications to only two representatives.)	Chook i	Fax No f new: Address [Tolopho	no No 🖂	Ea	ax No.		
(Note: IRS sends notices and communications to only two representatives.) Name and address	CHECK						Ш	
Name and address		CAF No.						
).					
			··					
(Note: IRS sends notices and communications to only two representatives.)	Check i	f new: Address				ax No.		
to represent the taxpayer before the Internal Revenue Service and perform	the following	ng acts:						
3 Acts authorized (you are required to complete line 3). Except fo inspect my confidential tax information and to perform acts I can representative(s) shall have the authority to sign any agreements, representative to sign a return).	perform w	vith respect to the	tax matters	described	below. Fo	r exan	nple, my	
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)				Period(s) (if applicable) see instructions)				
INCOME, SRP		1040			2008 - 2028			
SEPARATE ASSESSMENTS	1040			2008 - 2028				
CIVIL PENALTIES		N/A			2008 - 2028			
4 Specific use not recorded on the Centralized Authorization F CAF, check this box. See Line 4. Specific Use Not Recorded on CA							d on □	
 5a Additional acts authorized. In addition to the acts listed on line 3 a instructions for line 5a for more information):	ecords via	an Intermediate S	. , .		e following	g acts (see	

Other acts authorized:

Form 2	2848 (Rev. 1-2021)				Page 2
b	Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability. List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):					
6	attorney on f revoke a prio	ile with the Internal r power of attorney,	Revenue Service for the same check here	matters and years	attorney automatically revokes all earlier or periods covered by this form. If you do	
7	of attorney e partnership i taxpayer, I ce	even if they are apprepriesentative (or coertify I have the legal	pointing the same representativ designated individual, if applical authority to execute this form on	e(s). If signed by a ble), executor, recons behalf of the taxpa	nt return was filed, each spouse must file a a corporate officer, partner, guardian, tax eiver, administrator, trustee, or individual ayer. THIS POWER OF ATTORNEY TO THE	matters partner other than the
		Signature		Date	Title (if applicable)	
		BEATRIZ F COTTO)			
		Print name		Print name	of taxpayer from line 1 if other than individu	ıal
Par	t II Decla	ration of Repre	esentative			
Unde	r penalties of p	erjury, by my signatı	re below I declare that:			
lam	not currently su	uspended or disbarr	ed from practice, or ineligible for	practice, before the	Internal Revenue Service;	
lam	subject to regu	lations in Circular 23	0 (31 CFR, Subtitle A, Part 10), a	as amended, govern	ing practice before the Internal Revenue Se	rvice;
			er identified in Part I for the matte	_		
	one of the follo			()	,	
		•	ng of the bar of the highest court	of the jurisdiction sh	nown below.	
	-	•	•	-	c accountant in the jurisdiction shown below	<u>'</u>
			nt by the IRS per the requiremen		,	
	•	•	payer organization.			
			oloyee of the taxpayer.			
	•	•		. parent. child. grand	parent, grandchild, step-parent, step-child, bro	other, or sister).
g E	Enrolled Actuary		tuary by the Joint Board for the E		ies under 29 U.S.C. 1242 (the authority to p	•
p fo	repared and sig or refund; (3) ha	gned the return or class a valid PTIN; and	aim for refund (or prepared if the	re is no signature sp ual Filing Season Pr	ed return preparer may represent, provided bace on the form); (2) was eligible to sign the togram Record of Completion(s). See Speciformation.	e return or claim
					the IRS by virtue of his/her status as a law t II for additional information and requireme	
		nent Plan Agent—en e Service is limited b		t under the requirem	nents of Circular 230 (the authority to practic	ce before the
•	FIF THIS DEC	CLARATION OF I	REPRESENTATIVE IS NOT	COMPLETED, SI	IGNED, AND DATED, THE IRS WILL	RETURN THE
					LISTED IN PART I, LINE 2.	
Note:	For designation	ns d–f, enter your titl	e, position, or relationship to the	taxpayer in the "Lic	ensing jurisdiction" column.	
	ert above	censing jurisdiction (State) or other	Bar, license, certification, registration, or enrollment		Signature	Date

itote. I of acaigne	Note: For designations d=1, enter your title, position, or relationship to the taxpayer in the Licenship 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	DAVID COLLINS	02/19/2025			