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
Received by:
lame
elephone

Caution: A separate Form 2848 must be completed for for any purpose other than representation before the IRS.	r each taxp	ayer. Form 2848 will r	ot be ho	nored	Function		
Taxpayer information. Taxpayer must sign and date this form on p.	age 2 line 7				Date		/
Scott Gilmore	age 2, iiile 7.	Taxpayer identification	number(s)			
10 Craigwood drive		Taxpayer racritineation		, 56-3086			
Saint Peters, MO 63376		Daytime telephone number Plan number			mber (if a	 pplical	ble)
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		CAF No.	0315	-54449R			
9301 Ocoee St #64 Chattanooga, TN 37363		PTIN P03013529					
Chattanooga, The 57 505		Telephone No.	4	23-482-97	37		
_		Fax No		558-32 <u>74</u>			
Check if to be sent copies of notices and communications	Ched	k if new: Address 🗸	Telepho	ne No. 🗌	F	ax No	. 🗆 🔻
		CAF No.					
		PTIN					
		Telephone No.					
_		Fax No					_
Check if to be sent copies of notices and communications	Ched	k if new: Address	Telepho	ne No. 🗌	F	ax No.	. 🗌
		CAF No.					
		PTIN					
		Telephone No.					
				<u></u> -			_
(Note: IRS sends notices and communications to only two representatives.)	Ched	k if new: Address	Telepho	ne No. 🗌	F	ax No.	. 🔲
		CAF No.					
		PTIN					
		Telephone No.					
		Fax No					
(Note: IRS sends notices and communications to only two representatives.)		·	Telepho	ne No. 🗌	F	ax No.	
to represent the taxpayer before the Internal Revenue Service and perform th	e following a	cts:					
3							
Acts authorized (you are required to complete line 3). Except for t							
confidential tax information and to perform acts I can perform with have the authority to sign any agreements, consents, or similar docur							
, <u>, , , , , , , , , , , , , , , , , , </u>	Herits (see ins	tructions for line 3a for at	THORIZING (a represent	ative to sig	Jirare	turri).
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)				Year(s) or	or Period(s) (if applicable) (see instructions)		
				(se			
Income / Separate Assessment	104	1040 (MFT 30) / 1040 (MFT 31) 200		0 through	h 2026	5	
	10.1	. (: 50), : 5 : 5 (: 5	,		· ·		
Civil Penalty		N/A		200	2000 through 2026		
· · · · · · ·				1st,2nd,3rd,4th Qtrs.			
Shared Responsibility Payments		MFT 35		201	2013 through 2026		
4 Specific use not recorded on the Centralized Authorization File	(CAF), If the	power of attorney is for	a specific i	use not rec	orded on	CAF.	check
this box. See <i>Line 4</i> . <i>Specific Use Not Recorded on CAF</i> in the instruction							
5a Additional acts authorized. In addition to the acts listed on line 3 a							
				tile follow	ing acts (5	cc misc	iractions
	ad represente						
Other acts authorized:							

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b	payment by any means representative(s) is (are	s, electronic or otherwise, in e) associated) issued by the		
6		•		matically revokes all earlier power(s) of attorney on file s form. If you do not want to revoke a prior power of
	attorney, check here YOU MUST ATTACH		ER OF ATTORNEY YOU WANT TO REMA	
7	Taxpayer declaration even if they are appoir (or designated individu to execute this form or	and signature. If a tax man nting the same representati ual, if applicable), executor, n behalf of the taxpayer.	tter concerns a year in which a joint return wa ve(s). If signed by a corporate officer, partner	as filed, each spouse must file a separate power of attorney r, guardian, tax matters partner, partnership representative other than the taxpayer, I certify I have the legal authority
	Scott	Gilmore	10/28/2024	
Scott (gnature	Date	Title (if applicable)
	 Prir	 nt name	Print name of to	axpayer from line 1 if other than individual
Part	Declaration	of Representative		
Under	penalties of perjury, by r	my signature below I declare	e that:	
• I am n	ot currently suspended	or disbarred from practice, o	or ineligible for practice, before the Internal R	evenue Service;
• I am sı	ubject to regulations in C	Circular 230 (31 CFR, Subtitle	A, Part 10), as amended, governing practice b	refore the Internal Revenue Service;
• I am a	uthorized to represent tl	he taxpayer identified in Par	rt I for the matter(s) specified there; and	
• I am o	ne of the following:			
a Att	torney—a member in go	ood standing of the bar of th	ne highest court of the jurisdiction shown belo	ow.
b Ce	rtified Public Accountan	t—a holder of an active lice	ense to practice as a certified public accountai	nt in the jurisdiction shown below.
c Eni	rolled Agent—enrolled a	as an agent by the IRS per th	ne requirements of Circular 230.	
		r of the taxpayer organization		
	• •	I-time employee of the taxp		
	•	• •		ndchild, step-parent, step-child, brother, or sister).
	rolled Actuary—enrolled nited by section 10.3(d) o		Board for the Enrollment of Actuaries under 2	29 U.S.C. 1242 (the authority to practice before the IRS is
an a v	id signed the return or cl valid PTIN; and (4) posses	laim for refund (or prepared	l if there is no signature space on the form); (2 ing Season Program Record of Completion(s)	reparer may represent, provided the preparer (1) prepared (2) was eligible to sign the return or claim for refund; (3) has . See Special Rules and Requirements for Unenrolled
	, ,	•	sion to represent taxpayers before the IRS by te instructions for Part II for additional informa	virtue of his/her status as a law, business, or accounting ation 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.

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	por .	10/29/2024