## 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: Name Telephone

	<b>Caution:</b> A separate Form 2848 must be completed for e	each taxp	ayer. Form 2848 will n	ot be ho	nored	Function		
	for any purpose other than representation before the IRS. <b>Taxpayer information.</b> Taxpayer must sign and date this form on page	2 line 7				Date		/
raxpayer information. raxpayer must sign and date this form on page			Taxpayer identification	number(s)				
			, anpayer racination					
			Daytime telephone number Plan r			mber (if a	pplica	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.							
			CAF No.					
			PTIN					
			Telephone No.					
			Fax No.					
Check	if to be sent copies of notices and communications	Che		Telepho	ne No. 🔲	F	ax No	). Ц
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			DT11.1					
			Telephone No.					
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(Note:	IRS sends notices and communications to only two representatives.)	Che	ck if new: Address	Telephor			ax No	. 🗌
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			PTIN					
			Telephone No.					
			Fax No					
	IRS sends notices and communications to only two representatives.)		ck if new: Address	Telepho	ne No. 🔝	F	ax No.	. 🔲
to repr	esent the taxpayer before the Internal Revenue Service and perform the f	following a	cts:					
3								
	<b>Acts authorized (you are required to complete line 3).</b> Except for the confidential tax information and to perform acts I can perform with re							
	have the authority to sign any agreements, consents, or similar docume							
	escription of Matter (Income, Employment, Payroll, Excise, Estate, Gift,							,.
	istleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H	(1040	Tax Form Number	.1-)		Period(s) (		licable)
	Shared Responsibility Payment, etc.) (see instructions)	(1040	, 941, 720, etc.) (if applical	oie)	(S	ee instruct	:ions)	
4	Specific use not recorded on the Centralized Authorization File (C this box. See <i>Line 4. Specific Use Not Recorded on CAF</i> in the instructions.						CAF,	check ▶ □
5a	Additional acts authorized. In addition to the acts listed on line 3 about						ee ins	tructions
Ja			Intermediate Service Prov		the follow	ing acts (s	CC III3	tructions
	☐ Authorize disclosure to third parties; ☐ Substitute or add							
	, , =							
	Other acts authorized:							

Form 28	48 (Rev. 1-202	1)				Page <b>2</b>
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	Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you <b>do not</b> want to revoke a prior power of attorney, check here					
7	even if the (or designate to execute	y are appointing the sau ated individual, if applica this form on behalf of the	me representative(s). If signed by a able), executor, receiver, administrate taxpayer.	corporate officer, partner ator, trustee, or individual	as filed, each spouse must file a separate particle, guardian, tax matters partner, partnershother than the taxpayer, I certify I have to the taxpayer.	nip representative
		Signature		Date	Title (if applicable)	
		Print name		Print name of ta	 expayer from line 1 if other than individua	I
Part	Ⅱ Dec	laration of Repres	sentative			
I am no I am su I am au I am o  a Att b Ce c Enn d Off e Ful f Far g En lin h Un an a Re k Qu stu r Eni Re	ot currently ubject to reguthorized to ne of the following of the followin	ulations in Circular 230 ( represent the taxpayer lowing:  ember in good standing of Accountant—a holder  —enrolled as an agent la fide officer of the taxpa  goyee—a full-time employ—a member of the taxpa  ry—enrolled as an actuation 10.3(d) of Circular 22  turn Preparer—Authoritie return or claim for refured (4) possesses the requirers in the instructions of the control of the	from practice, or ineligible for practice, or ineligible for practice and an active license to practice as a poy the IRS per the requirements of cayer organization.  By of the bar of the highest court of the of an active license to practice as a poy the IRS per the requirements of cayer organization.  By one of the taxpayer.  By one of the taxpayer.  By one of the Joint Board for the Enroll and (or prepared if there is no signary in the properties of the pro	specified there; and the jurisdiction shown belonger the jurisdiction shown belonger the jurisdiction shown belonger the jurisdiction shown belonger than 230.  Sent, child, grandparent, grand ment of Actuaries under 2 and an unenrolled return produce the space on the form); (2 in Record of Completion(s).  Supplying the jurisdiction of the juris	by.  nt in the jurisdiction shown below.  ndchild, step-parent, step-child, brother, or 9 U.S.C. 1242 (the authority to practice be reparer may represent, provided the preparent or claim for the step-child ste	afore the IRS is larer (1) prepared or refund; (3) has or Unenrolled or accounting
A	TTORNEY.	REPRESENTATIVES	MUST SIGN IN THE ORDER LIS  position, or relationship to the tax	TED IN PART I, LINE 2.		HE FOWER OF
Insert a	gnation— bove letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)		Signature	Date

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		Signature		Date	Title (if applicable)	
		Print name		Print name of ta	 expayer from line 1 if other than individua	I
Part	Ⅱ Dec	laration of Repres	sentative			
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