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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	Refention/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 do not want to revoke a prior power of attorney, check here						
	YOU MUST ATTACH A COPY OF ANY PO	OWER OF ATTORNEY YOU WANT TO REMA	IN IN EFFECT.				
7	even if they are appointing the same represe (or designated individual, if applicable), executo execute this form on behalf of the taxpayer	entative(s). If signed by a corporate officer, partner utor, receiver, administrator, trustee, or individual	s 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 I FATTORNEY TO THE TAXPAYER.				
CL.	1.1.1.	3/14/2024					
- 21U	un (mbody Signature	Date	Title (if applicable)				
Sta	ven Imbody						
	Print name	Print name of ta	expayer from line 1 if other than individual				
Part	Declaration of Representative	re					
Under	penalties of perjury, by my signature below I de	eclare that:					
· I am n	ot currently suspended or disbarred from pract	ice, or ineligible for practice, before the Internal Re	evenue Service;				
• I am sı	ubject to regulations in Circular 230 (31 CFR, Sub	otitle A, Part 10), as amended, governing practice be	efore the Internal Revenue Service;				
• I am a	uthorized to represent the taxpayer identified i	n Part I for the matter(s) specified there; and					
· I am o	ne of the following:						
a Att	corney—a member in good standing of the bar	of the highest court of the jurisdiction shown belo	w.				
b Ce	rtified Public Accountant—a holder of an active	e license to practice as a certified public accountant	t in the jurisdiction shown below.				
c En	rolled Agent—enrolled as an agent by the IRS p	er the requirements of Circular 230.					
d Of	ficer—a bona fide officer of the taxpayer organ	ization.					
e Fu	ll-Time Employee—a full-time employee of the	taxpayer.					
f Fai	mily Member—a member of the taxpayer's immed	diate family (spouse, parent, child, grandparent, gran	dchild, step-parent, step-child, brother, or sister).				
_	rolled Actuary—enrolled as an actuary by the Jonited by section 10.3(d) of Circular 230).	oint Board for the Enrollment of Actuaries under 29	9 U.S.C. 1242 (the authority to practice before the IRS is				
			reparer may represent, provided the preparer (1) prepared				

- a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See Special Rules and Requirements for Unenrolled 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.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (α-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date