(Rev. January 2021) 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

FOR IKS USE ONLY
Received by:
Name
Гelephone

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7. Jennifer Pascoli On 317 Facec Court Geneva, IL 60134 Taxpayer identification number(s) 252-75-0302 Daytime telephone number Plan number (if applicable) Plan numb		Caution: A separate Form 2848 must be completed for a for any purpose other than representation before the IRS.	each taxp	ayer. Form 2848 will r	not be ho	nored	Function	١		
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2. Representative(s) must sign and date this form on page 2, Part II. Solid Colores St #64 Chattanoga, TN 37363 PIIN P03013529 Telephone No. 423-482-9737 Fax No. 423-482-9737 Fa	Geneva, IL 60134							nber (if applicable)		
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b	payment by any means, electronic or otherwise representative(s) is (are) associated) issued by the	, into an account owned or controlled by the re ne government in respect of a federal tax liabilit	
	List any other specific deletions to the acts othe	rwise authorized in this power of attorney (see	instructions for line 5b):
6	with the Internal Revenue Service for the same	e matters and years or periods covered by this	
7	Taxpayer declaration and signature. If a tax reven if they are appointing the same represent (or designated individual, if applicable), execute to execute this form on behalf of the taxpayer.	natter concerns a year in which a joint return w ative(s). If signed by a corporate officer, partne	ras filed, each spouse must file a separate power of attorneyer, guardian, tax matters partner, partnership representative I other than the taxpayer, I certify I have the legal authority
	Signature	Date	Title (if applicable)
Jennif	er Pascoli		
	Print name	Print name of t	axpayer from line 1 if other than individual
Part	II Declaration of Representative		1,7
Under	penalties of perjury, by my signature below I dec	lare that:	
l am n	ot currently suspended or disbarred from practic	e, or ineligible for practice, before the Internal F	Revenue Service;
l am sı	ubject to regulations in Circular 230 (31 CFR, Subti	tle A, Part 10), as amended, governing practice b	before 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 bar o	f the highest court of the jurisdiction shown bel	low.
b Ce	rtified Public Accountant—a holder of an active I	icense to practice as a certified public accounta	nt in the jurisdiction shown below.
c Eni	rolled Agent—enrolled as an agent by the IRS pe	the requirements of Circular 230.	
d Of	ficer—a bona fide officer of the taxpayer organiz	ation.	
e Fu	ll-Time Employee—a full-time employee of the ta	ixpayer.	
f Far	mily Member—a member of the taxpayer's immedi	ate family (spouse, parent, child, grandparent, gra	andchild, step-parent, step-child, brother, or sister).
	rolled Actuary—enrolled as an actuary by the Joi nited by section 10.3(d) of Circular 230).	nt Board for the Enrollment of Actuaries under 2	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 prepar	red if there is no signature space on the form); (2 Filing Season Program Record of Completion(s)	oreparer 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
	nalifying Student or Law Graduate—receives pernudent, or law graduate working in a LITC or STCP.		virtue of his/her status as a law, business, or accounting lation and requirements.
	rolled Retirement Plan Agent—enrolled as a retir evenue Service is limited by section 10.3(e)).	ement plan agent under the requirements of Ci	ircular 230 (the authority to practice before the Internal
•	IF THIS DECLARATION OF REPRESENTA	TIVE IS NOT COMPLETED, SIGNED, AN	D DATED, THE IRS WILL RETURN THE POWER OF

- ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

 $\textbf{Note:} \ \text{For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.$

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		10/28/2024