(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	Onl	ly

For	IRS	Use	Only	

Received by: Name Telephone

for any purpose other than representation before the IF 1 Taxpayer information. Taxpayer must sign and date this form of				•		
Raven Rajani		Taxpayer identification number(s)				
583 Road 24			511-70-34	85		
Longton, KS 67352		Daytime telephone number Plan number				
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	l					
David Collins 9301 Ocoee St #64		CAF No.	0315-544	49R		
Chattanooga, TN 37363		PTIN	P0301352	9		
		Telephone No.	423-48	32-9737		
_	_	Fax No.	3274			
Check if to be sent copies of notices and communications	Chec	k if new: Address ✓ Te	elephone No	o.		
		CAF No.				
		Telephone No.				
Check if to be sent copies of notices and communications	<u>Chec</u>		elephone No			
		PTIN				
		Telephone No.				
(Note: IRS sends notices and communications to only two representatives.)	Char		elephone No			
(Note: In a serior florices and communications to only two representatives.)	Cried		•			
		Telephone No. Fax No.				
(Note: IRS sends notices and communications to only two representatives.)	Cher	<u></u>	elephone No	 D. Fax No.		
to represent the taxpayer before the Internal Revenue Service and perforn			repriorie re	<u> </u>		
3						
Acts authorized (you are required to complete line 3). Except f	or the acts descr	bed in line 5b. Lauthorize my	representat	ive(s) to receive and inspect m		
confidential tax information and to perform acts I can perform v						
have the authority to sign any agreements, consents, or similar do	cuments (see ins	tructions for line 5a for autho	rizing a repr	esentative to sign a return).		
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gi	ft.					
Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 498	20H			(s) or Period(s) (if applicable) (see instructions)		
Shared Responsibility Payment, etc.) (see instructions)	(1040			(see instructions)		
Income / Separate Assessment	104	1040 (MFT 30) / 1040 (MFT 31)		2000 through 2026		
Civil Penalty		N/A		2000 through 2026		
				1st,2nd,3rd,4th Qtrs.		
Shared Responsibility Payments		MFT 35		2013 through 2026		
4 Specific use not recorded on the Centralized Authorization F				_		
this box. See <i>Line 4. Specific Use Not Recorded on CAF</i> in the instruc						
	Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): Access my IRS records via an Intermediate Service Provider;					
☐ Authorize disclosure to third parties; ☐ Substitute of	or add representa	tive(s);	າ;			
Oth or a standard having di						
Uther acts authorized:						

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b	•	or otherwise, into an account owned i) issued by the government in resp	ed or controlled by the lect of a federal tax liabi		
6	with the Internal Revenue Service attorney, check here	for the same matters and years o	r periods covered by the	itomatically revokes all earlier power(s) of att his form. If you do not want to revoke a pr	
	YOU MUST ATTACH A COPY O	OF ANY POWER OF ATTORNE	YOU WANT TO REI	MAIN IN EFFECT.	
7	even if they are appointing the sar (or designated individual, if applica- to execute this form on behalf of the	me representative(s). If signed by a able), executor, receiver, administrane taxpayer.	corporate officer, partrator, trustee, or individu	was filed, each spouse must file a separate pner, guardian, tax matters partner, partnershual other than the taxpayer, I certify I have the ROF ATTORNEY TO THE TAXPAYER.	ip representative
	V V	10	0/3/2024		
	Kavun Kajani Signature		Date	 Title (if applicable)	
Raven	Rajani		Dute	ride (il applicable)	
	 Print name		Print name o	f taxpayer from line 1 if other than individua	 I
Part		sentative		. tanpa) et ironi irro irro irro irro irro irro irr	•
	penalties of perjury, by my signature				
	ot currently suspended or disbarred		tice, before the Internal	l Revenue Service:	
	• •			e before the Internal Revenue Service;	
	uthorized to represent the taxpayer				
	one of the following:		.,		
	torney—a member in good standing	of the bar of the highest court of t	he jurisdiction shown b	pelow.	
		•	•	tant in the jurisdiction shown below.	
	rolled Agent—enrolled as an agent l			,	
	ficer—a bona fide officer of the taxp				
e Fu	ll-Time Employee—a full-time emplo	oyee of the taxpayer.			
f Fa	mily Member—a member of the taxpa	yer's immediate family (spouse, pare	ent, child, grandparent, g	randchild, step-parent, step-child, brother, or s	sister).
	rolled Actuary—enrolled as an actua nited by section 10.3(d) of Circular 2:		ment of Actuaries unde	er 29 U.S.C. 1242 (the authority to practice be	fore the IRS is
ar a	nd signed the return or claim for refu	nd (or prepared if there is no signatured Annual Filing Season Program	ture space on the form);	n preparer may represent, provided the prep; ; (2) was eligible to sign the return or claim fo (s). See Special Rules and Requirements fo	or refund; (3) has
-	ualifying Student or Law Graduate— udent, or law graduate working in a		1 /	by virtue of his/her status as a law, business, mation and requirements.	or accounting
	rolled Retirement Plan Agent—enro evenue Service is limited by section 1		ler the requirements of	Circular 230 (the authority to practice before	the Internal
	•		PLETED, SIGNED, A	ND DATED, THE IRS WILL RETURN T	HE POWER OF
	TTORNEY. REPRESENTATIVES				
	or designations d-f, enter your title,				
	gnation— Licensing jurisdiction (State) or other	Bar, license, certification, registration, or enrollment		Signature	Date

Note: For designations a–i, 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	par.	10/04/2024			