

Power of Attorney and Declaration of Representative

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

For IRS Use Only

Received by: _____

Name _____

Telephone _____

Function _____

Date / /

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

William A Scott
106 Spotted deer trail
Boerne, TX 78006

Taxpayer identification number(s) 449-21-0984	
Daytime telephone number (423) 482-9737	Plan number (if applicable)

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
9301 Ocoee St #64
Chattanooga, TN 37363

CAF No. **0315-54449R**
 PTIN **P03013529**
 Telephone No. **423-482-9737**
 Fax No. **423-558-3274**

Check if to be sent copies of notices and communications

Check if new: Address Telephone No. Fax No.

Check if to be sent copies of notices and communications

CAF No.
 PTIN
 Telephone No.
 Fax No.

Check if new: Address Telephone No. Fax No.

(Note: IRS sends notices and communications to only two representatives.)

CAF No.
 PTIN
 Telephone No.
 Fax No.

Check if new: Address Telephone No. Fax No.

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CAF No.
 PTIN
 Telephone No.
 Fax No.

Check if new: Address Telephone No. Fax No.

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
Income / Separate Assessment	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 File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. *Specific Use Not Recorded on CAF* in the instructions. ▶

5a 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 or add representative(s); Sign a return;

Other acts authorized: _____

