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# STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

\* indicates a required field. If all required fields are not completed, the power of attorney will be considered invalid.

**SC2848** (Rev. 2/17/23) 3307

dor.sc.gov Part I: Power of Attorney

1 Taxpayer information - Taxpayer must sign a	and date this form or	n page 2, line 7.	
Taxpayer name and address		* SSN	* FEIN
Regina T Sears		592   30   3601	Diam mumb an (if an alicable)
100 Riverbend Dr		Spouse's SSN (if filing jointly)	Plan number (if applicable)
West Columbia, SC 29169		Daytime phone number	Email address
		(423) 482-9737	Email address
nereby appoints the following representatives as attorneys-in-	fact:	( )	
Representative information - Representative	es must sian and da	te this form on nage 2. Part II	
Name and address	co mast sign and da		•
David W Collins		*Phone <u>(888) 627-2375</u>	
9301 Ocoee St, #64		Fax (423) 558-3274	
Ooltewah, TN 37363		Email_david@dctax.us	
		Check if new: Address [	Phone Fax Email
Name and address		Phone	
		Fax	
		Email	
			Phone Fax Email
Name and address		Dharra	
		Phone	
		Fax	
		Email	
		Check if new: Address [	Phone Fax Email
o represent the taxpayer before the SCDOR for the following	tax matters:	,	
Tax matters (See instructions. Include specific	types, forms, and ye	ears or periods. General refer	ences are <b>not</b> acceptable.)
Type of tax or license (Individual, Corporate, Withholding, Sales, ABL, etc.)	* Tax form number (SC1040, WH1605, ST-3, etc.)		* Years or Periods
ndividual	SC1040		2016-2024
ndividual	SC1040		2016-2024
Acts authorized: A representative is an individuany and all acts on behalf of the taxpayer with reany agreements, consents, or other documents. endorse or cash refund checks. You may auth 12-2-75.	espect to the tax ma You may <b>not</b> use	atters described on line 3. Thi this Power of Attorney form t	is includes the authority to sig o authorize a representative t
List any specific additions to or deletions from the	e acts otherwise auth	norized in this power of attorne	эу:



endorse or cash	-	and list the name of that representat	
Name of represer	ntative to receive refund	checks	
6 Retention/revoca attorney on file wit	tion of prior powers on the SCDOR for the sai	of attorney: Filing this power of attorney autome tax matters for years or periods covered by the	matically revokes all earlier powers of nis document.
Check this box if	you do not want to revok	e a prior power of attorney	
		OWER OF ATTORNEY YOU WANT TO REMA	
sign. If signed b	y a corporate officer, p	ocerns a joint return and you are requesting join partner, guardian, tax matters partner, LLC i taxpayer, I certify that I have the legal authorit	member, executor, receiver, personal
P	The SCD	OR will not accept an unsigned power of atto	orney.
*	-	<u>* Oct 21, 2024</u> Date	Tialo (if annicolato)
d. Danina T.Cana	Signature	Date	Title (if applicable)
* Regina T Sears	Print name		
	Signature	Date	Title (if applicable)
	Print name		
I declare that:  I am authorize I am one of th a. Attorney: a b. Certified Po c. Enrolled Ag d. Officer: a b e. Full-Time E f. Family Mer	ed to represent the taxpage following: member in good standinublic Accountant: duly quegent: enrolled as an agent on a fide officer of the taxemployee: a full-time emphaser: a member of the taxemployer, or sister)		ed; and n shown below t in the jurisdiction shown below partment Circular 230
_	ride explanation):		
		ot accept an unsigned declaration of repr	
i deciare that this return	i and ali attachments are	true, correct, and complete to the best of my known	owiedge and bellet.
★ Designation (enter letter a-h from above)	* Jurisdiction (state)	<b>*</b> Signature	*Date
С	Federal (IRS)	po :	Oct 21, 2024



# **Audit Trail**

#### **Tamper Verification**

To check if this file has been modified after being signed, please go to: https://www.encyro.com/esign/verify

Upload the file. The result will indicate if the file contents have been tampered with.

## Signed By

Signer: Regina T Sears (sears.regina@yahoo.com)

Identity Check: Email Authentication

Signature Type: Typed

Time Zone: UTC-04:00, America/New York (Eastern Daylight Time)

### **Event Log**

Oct 21, 2024, 10:30:43 AM - Email notification sent to Regina T Sears (sears.regina@yahoo.com).

Oct 21, 2024, 10:30:43 AM - Email notification delivered to Regina T Sears (sears.regina@yahoo.com).

Oct 21, 2024, 10:33:38 AM - Regina T Sears (sears.regina@yahoo.com) viewed the document(s), from 172.75.209.51.

Oct 21, 2024, 10:33:41 AM - Regina T Sears (sears.regina@yahoo.com) opened the email notification (estimated), from 69.147.93.14.

Oct 21, 2024, 10:34:12 AM - Regina T Sears (sears.regina@yahoo.com) electronically signed or completed the document(s), from 172.75.209.51.

**END OF LOG**