Department of the Treasury Internal Revenue Service

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 |
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| For | IRS | Use | Only | |
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Received by: Name

| Part | Caution: A separate Form 2848 must be completed for e | each taxpa | yer. Form 2848 will | not be hor | nored | Telephone | |
|--|--|---|-------------------------------|------------------------------|---|--------------------|-------------|
| | for any purpose other than representation before the IRS. | | | | | Date / | / |
| 1 | Taxpayer information. Taxpayer must sign and date this form on page | e 2, line 7. | | | | | |
| | eth Smith Johnson CRT | | Taxpayer identificatio | n number(s) | | | |
| | illages, FL 32162 | - | | | 8-1130 | | |
| | | | Daytime telephone no | umber | Plan n | umber (if applicab | le) |
| • | appoints the following representative(s) as attorney(s)-in-fact: | | | | | | |
| David | Representative(s) must sign and date this form on page 2, Part II. Collins | | | | | | |
| | Ocoee St #64 | | CAF No. | | | | |
| Chattanooga, TN 37363 | | PTIN P03013529 | | | | | |
| | | Telephone No. 423-482-9737 Fax No. 423-558-3274 | | | | | |
| Check | if to be sent copies of notices and communications | Check | Fax No. cif new: Address ✓ | 423-5 Telephor | 58-3274 ne No. 🗌 | Fax No. | |
| | | | CAF No. | | | | |
| | | | PTIN | | | | |
| | | | Telephone No. | | | | |
| | | | Fax No. | | | | |
| Check | if to be sent copies of notices and communications | Check | if new: Address | Telephor | ne No. | Fax No. | |
| | | | CAF No. | | | | |
| | | | | | | | |
| | | | Telephone No. | | | | |
| | | | | | | | |
| (Note: | IRS sends notices and communications to only two representatives.) | Check | | Telephor | | • | |
| | | | | | | | |
| | | | | | | | |
| | | | Telephone No. | | | | |
| /Notes | | Charl | | Telephor | | | _ |
| | IRS sends notices and communications to only two representatives.) esent the taxpayer before the Internal Revenue Service and perform the fo | | if new: Address | relephor | ie ivo | Fax No. | |
| • | esent the taxpayer before the internal nevertice service and perform the to | ollowing ac | | | | | |
| 3 | Acts authorized (you are required to complete line 3). Except for the | acts doscrib | and in line Eb. Lautheria | o mu ropros | antativo(c | to receive and in | cnoct my |
| | confidential tax information and to perform acts I can perform with re- | | | | | | |
| | have the authority to sign any agreements, consents, or similar documer | • | | | • | | |
| | escription of Matter (Income, Employment, Payroll, Excise, Estate, Gift, | | | Ĭ | • | | |
| Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H | | | | or Period(s) (if applicable) | | | |
| | Shared Responsibility Payment, etc.) (see instructions) | (1040, 941, 720, etc.) (if applicable) | | (: | (see instructions) | | |
| Income / Separate Assessment | | 1040 (MFT 30) / 1040 (MFT 31) 2000 throug | | 00 through 2026 | | | |
| CiiI D | an altri | | NI/A | | 20 | 00 thus was 2026 | |
| Civil Penalty Shared Responsibility Payments | | N/A MFT 35 | | | 2000 through 2026 1st,2nd,3rd,4th Qtrs. 2013 through 2026 | | |
| | | | | | | | |
| | | | | | | | |
| 4 | Specific use not recorded on the Centralized Authorization File (CA this box. See <i>Line 4. Specific Use Not Recorded on CAF</i> in the instructions . | | | | | | heck ▶ [|
| 5a | Additional acts authorized. In addition to the acts listed on line 3 above | | | | | | uctions |
| | | | ntermediate Service Pr | | | 9 (2.2 | |
| | ☐ Authorize disclosure to third parties; ✓ Substitute or add r | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | Other acts authorized: | | | | | | |
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Form 2848 (Rev. 1-2021) 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): Retention/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 YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT. Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney 7 even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer. ▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER. 10/21/2024 Date Title (if applicable) **Elizabeth Smith** Print name Print name of taxpayer from line 1 if other than individual **Declaration of Representative** Part II Under penalties of perjury, by my signature below I declare that: • I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service; • I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service; • I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and • I am one of the following: a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below. **b** Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below. c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230. **d** Officer—a bona fide officer of the taxpayer organization. **e** Full-Time Employee—a full-time employee of the taxpayer. f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister). g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230). h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer 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

- and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has 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 (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 | po : | 10/23/2024 |
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