Power of Attorney an

OMB No. 1545-0150 For IRS Use Only

| ıd C |)eclara | tion of | Repres | entative |
|------|----------------|---------|--------|----------|
|------|----------------|---------|--------|----------|

| • | ev. January 2021) and Declaration of Representative | | | | | | Received by: | | | |
|--|---|---|--------------|------------------------------|-----------------------------|---------------------------------|--|--------------|-----------|-----------|
| | Revenue Service | ■ Go to www.irs.gov/Form2848 for instructions and the latest information. | | | | | | Name | | |
| Par | Part I Power of Attorney | | | | | | Telephone | | | |
| Caution: A separate Form 2848 must be completed for each taxpayer. Form | | | | | ayer. Form 2848 will | . Form 2848 will not be honored | | | Function | |
| | for any purpose other than representation before the IRS. | | | | | | Date | / | / | |
| 1 | | nation. Taxpayer must sign and date this | form on | page 2, lin | e 7. | | | | | |
| Taxpayer name and address Daphine Lansing-Barber PO Box 2885 | | Taxpayer identification number(s) 585-8 | | | 4-9415 | | | | | |
| | | Kirtland, NM 87417 | | | Daytime telephone r | number | Plan nu | ımber (if ap | plicat | ole) |
| hereb 2 | | owing representative(s) as attomey(s)-in-fa (s) must sign and date this form on page | | | | | | | | |
| Name | and address | | | | CAF No. | 031 | 5-54449R | | _ | |
| Davic | W Collins | | | | PTIN | P030 | 013529 | | | |
| 9301 | Ocoee St., #64 | | | Telephone No. (423) 482-9737 | | | | | | |
| | wah, TN 37363 | | _ | | Fax No. (423) 558-3274 | | | | | _ |
| | | bies of notices and communications | \checkmark | Check | if new: Address | Telepho | ne No. 🗌 | Fax | No. | <u> </u> |
| Name | and address | | | | CAF No. | | | | | |
| | | | | | PTIN | | | | | |
| | | | | | Telephone No. | | | | - | |
| ~ | | | - | | Fax No. | <u>-</u> | | | . г | _ |
| | | pies of notices and communications | | Check | if new: Address | | | | No. | |
| Name | and address | | | | CAF No. | | | | | |
| | | | | | | | | | | |
| | | | | | Telephone No. | | | | | |
| (Note | · IRS sends notices | and communications to only two represe | ntatives) | Checki | Fax No if new: Address 🗌 | Telenho | | Fax | No. Г | 7 |
| <u>`</u> | and address | | 111011003.) | Oncorr | | | | | | |
| | | | | | CAF No PTIN | | | | | |
| | | | | | Telephone No. | | | | | |
| | | | | | | | | | | |
| (Note | : IRS sends notices | and communications to only two represe | ntatives.) | Check | | Telepho | ne No. 🗌 | Fax | No. [| |
| to rep | resent the taxpaye | r before the Internal Revenue Service and | l perform | the follow | ing acts: | | | | | |
| 3 | inspect my conf | I (you are required to complete line 3). I idential tax information and to perform a shall have the authority to sign any agre o sign a return). | cts I can | perform v | vith respect to the ta | x matters | described I | below. For | exam | ple, my |
| Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions) | | | (1040, 9 | | | | Period(s) (if applicable) e instructions) | | | |
| Income, SRP | | | | 1040 | | | 2000 - 2027 | | | |
| Separate Assessments Civil Penalties | | 1040 N/A | | 2000 - 2027 | | | | | | |
| | | | | | 2000 - 2027 | | | | | |
| 4 | | ot recorded on the Centralized Authori box. See Line 4. Specific Use Not Record | | | | | | | orded | on ▶ □ |
| 5a | instructions for l | | my IRS re | | an Intermediate Servi | ce Provide | • | e following | acts (| see |
| | | | | | | | | | | |

Other acts authorized:

| Form 2848 | 3 (Rev. 1-202 | 1) | | | | Page 2 | | |
|-----------------------------|--|---|--|--|--|---------------------|--|--|
| I | payment b | pecific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting bayment 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 epresentative(s) is (are) associated) issued by the government in respect of a federal tax liability. | | | | | | |
| I | List any oth | ner specific deletions to | the acts otherwise authorized in th | is power of attorney (see | instructions for line 5b): | | | |
| ; | with the Ir attorney, c | nternal Revenue Service heck here | | r periods covered by thi | omatically revokes all earlier power(s) of a s form. If you do nof want to revoke a p | - | | |
| 7 | Taxpayer even if the (or designa | declaration and signate y are appointing the sa | ure. If a tax matter concerns a year me representative(s). If signed by able), executor, receiver, administr | in which a joint return w a corporate officer, partne | ras filed, each spouse must file a separate er, guardian, tax matters partner, partners Il other than the taxpayer, I certify I have | ship representative | | |
| I | ► IF NOT | COMPLETED, SIGNE | D, AND DATED, THE IRS WILL F | RETURN THIS POWER | OF ATTORNEY TO THE TAXPAYER. | | | |
| Davl | in la | a sila a-Barlar r | 2/2 | 26/2024 | | | | |
| <u>viqu</u> | AVUC (M | nsing-Barber _{Signature} | | Date | Title (if applicable) | | | |
| Danh | ino Lar | nsing-Barber | | | | | | |
| Dapii | The Lai | Print name | | Print name of | taxpayer from line 1 if other than individu | al | | |
| Part I | Dee | claration of Repre | sentative | | | | | |
| | | perjury, by my signature | | | | | | |
| - | | | from practice, or ineligible for prac | tice, before the Internal F | Revenue Service: | | | |
| | - | | | | before the Internal Revenue Service; | | | |
| | | | identified in Part I for the matter(s) | | , | | | |
| | e of the fol | | (-) | -p | | | | |
| | | - | of the bar of the highest court of t | the jurisdiction shown be | low. | | | |
| | - | | - | - | Int in the jurisdiction shown below. | | | |
| | | | by the IRS per the requirements of | | | | | |
| | - | a fide officer of the taxp | | | | | | |
| | | oyee—a full-time emplo | | | | | | |
| | | - | | ont child grandnaront gra | indchild, step-parent, step-child, brother, or | sistor) | | |
| g Enro | olled Actua | ry—enrolled as an actua | ary by the Joint Board for the Enroll | | 29 U.S.C. 1242 (the authority to practice be | | | |
| h Une and a va | nrolled Ret signed the Ilid PTIN; ar | e return or claim for refund nd (4) possesses the requ | y to practice before the IRS is limite nd (or prepared if there is no signal | ture space on the form); (| preparer may represent, provided the prep 2) was eligible to sign the return or claim t). See Special Rules and Requirements for | for refund; (3) has | | |
| | | | receives permission to represent ta LITC or STCP. See instructions for P | | v virtue of his/her status as a law, business, ation and requirements. | or accounting | | |
| | | ment Plan Agent—enro | | ler the requirements of C | ircular 230 (the authority to practice befor | e the Internal | | |
| ► | F THIS D | ECLARATION OF RE | | | D DATED, THE IRS WILL RETURN T | HE POWER OF | | |
| | | | position, or relationship to the tax | | | | | |
| | | | | | | | | |
| Insert ab | nation— love letter 1–r). | Licensing jurisdiction (State) or other licensing authority (if applicable) | Bar, license, certification, registration, or enrollment number (if applicable) | | Signature | Date | | |
| c | | Federal (IRS) | 00150946-EA | bo | | 03/01/2024 | | |
| | | | | | | 1 | | |
| | | | | | | + | | |