

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date / /

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

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.

Marcus Collier
 1600 S Palmetto Ave, #114
 Daytona Beach, FL 32119

Taxpayer identification number(s) 593-01-5064	
Daytime telephone number	Plan number (if applicable)

2 Representative(s) must sign and date this form on page 2, Part II.

David Collins, Enrolled Agent
 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.

(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.

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: _____

