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Form 2848 (Rev. 1-202	1)				Page <b>2</b>
payment b representa	y any means, electronic tive(s) is (are) associated	, . ,	ed or controlled by the r ect of a federal tax liabil	•	
with the Ir attorney, c	iternal Revenue Service heck here		r periods covered by th	comatically revokes all earlier power(s) of att iis form. If you <b>do not</b> want to revoke a pr IAIN IN EFFECT.	-
even if the (or designa to execute	y are appointing the sau ted individual, if applica this form on behalf of th	me representative(s). If signed by a ble), executor, receiver, administrate taxpayer.	a corporate officer, partr ator, trustee, or individu	was filed, each spouse must file a separate p ner, guardian, tax matters partner, partnersl al other than the taxpayer, I certify I have t OF ATTORNEY TO THE TAXPAYER.	hip representative
David Mespe	1.	3/2	0/2024		
Varia respe	Signature		Date	Title (if applicable)	
DAVID NESPO	DLE Print name		Print name of	f taxpayer from line 1 if other than individua	 I
Part II Dec	claration of Repre	sentative			
Under penalties of	perjury, by my signature	below I declare that:			
• I am not currently	suspended or disbarred	from practice, or ineligible for prac	tice, before the Internal	Revenue Service;	
<ul> <li>I am subject to reg</li> </ul>	ulations in Circular 230 (	31 CFR, Subtitle A, Part 10), as amen	ded, 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 fol	lowing:				
<b>a</b> Attorney—a m	ember in good standing	of the bar of the highest court of t	he jurisdiction shown be	elow.	
<b>b</b> Certified Public	Accountant—a holder	of an active license to practice as a	certified public account	ant in the jurisdiction shown below.	
c Enrolled Agent	-enrolled as an agent b	by the IRS per the requirements of 0	Circular 230.		
<b>d</b> Officer—a bon	a fide officer of the taxp	ayer organization.			
e Full-Time Empl	oyee—a full-time emplo	byee of the taxpayer.			
f Family Member	–a member of the taxpa	yer's immediate family (spouse, pare	nt, child, grandparent, gr	andchild, step-parent, step-child, brother, or s	ister).
-	ry—enrolled as an actua ion 10.3(d) of Circular 2		ment of Actuaries under	29 U.S.C. 1242 (the authority to practice be	fore the IRS is
and signed the a valid PTIN; a	e return or claim for refund refund (4) possesses the requ	nd (or prepared if there is no signat	ure space on the form);	preparer may represent, provided the prep; (2) was eligible to sign the return or claim fo s). See Special Rules and Requirements fo	or refund; (3) has
		eceives permission to represent ta: LITC or STCP. See instructions for Pa		y virtue of his/her status as a law, business, nation and requirements.	or accounting
	ment Plan Agent—enro ce is limited by section 1		er the requirements of (	Circular 230 (the authority to practice before	the Internal
ATTORNEY.	REPRESENTATIVES /	PRESENTATIVE IS NOT COMI MUST SIGN IN THE ORDER LIST position, or relationship to the taxp	TED IN PART I, LINE		IE POWER OF
Designation— Insert above letter <b>(α-r).</b>	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)		Signature	Date