79/9 (Re

Power of Attorney

OMB No. 1545-0150

rm 2040 ev. January 2021)	and Declaration of Representative		For IRS Use Only Received by:	
partment of the Treasury ernal Revenue Service	Go to www.irs.gov/Form2848 for instructions and the latest information.		Name	
Part I Power o	Telephone			
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.			Function	
1 Taxpayer inform	ation. Taxpayer must sign and date this form on page 2, line 7.			
lfred Sweatt 390 CRTY RD 1770		Taxpayer identification number(s)		
		A07-5A-27AA		

Δ West Plains, MO 65775 Daytime telephone number Plan number (if applicable) hereby appoints the following representative(s) as attorney(s)-in-fact: Representative(s) must sign and date this form on page 2, Part II. **David Collins** CAF No. **0315-54449R** 9301 Ocoee St #64 PTIN **P03013529** Chattanooga, TN 37363 Telephone No. 423-482-9737 rax No. 423-482-9737

Check if new: Address
Telephone No
Telephone No Check if to be sent copies of notices and communications $\overline{\mathbf{v}}$ CAF No. Telephone No. Fax No. ----- $\overline{\mathbf{v}}$ Check if to be sent copies of notices and communications Check if new: Address ____ Telephone No. 🔲 CAF No. PTIN _____ Telephone No. Fax No. (Note: IRS sends notices and communications to only two representatives.) Check if new: Address Telephone No. 🗌 CAF No. PTIN _____ Telephone No. Fax No. (Note: IRS sends notices and communications to only two representatives.) Check if new: Address Telephone 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, Tax Form Number Year(s) or Period(s) (if applicable) Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H (1040, 941, 720, etc.) (if applicable) (see instructions) Shared Responsibility Payment, etc.) (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 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 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; Substitute or add representative(s); Sign a return; Authorize disclosure to third parties; Other acts authorized:

Form 2848	3 (Rev. 1-202	1)				Page 2		
1	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.							
I	List any otl	other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):						
\ 6	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 attorney, check here							
(1	even if the (or designate) to execute	y are appointing the sar ated individual, if applic this form on behalf of the	me representative(s). If signed by a able), executor, receiver, administr ne taxpayer.	corporate officer, partne ator, trustee, or individua	as filed, each spouse must file a separate r, guardian, tax matters partner, partners I other than the taxpayer, I certify I have to THE TAXPAYER.	hip representativ		
Alfred S	weatt	Signature		Date	Title (if applicable)			
		Print name		Print name of t	axpayer from line 1 if other than individu	al		
Part I	Dec	claration of Repres	sentative	Time name or c	axpayer from the 1 if other than marvidus	uı		
		perjury, by my signature						
•		. , , , , ,	from practice, or ineligible for practice.	ctice, before the Internal R	Revenue Service:			
	•	•			pefore the Internal Revenue Service;			
• I am aut	horized to	represent the taxpayer	identified in Part I for the matter(s)	specified there; and				
• I am one	e of the fol	lowing:						
a Atto	rney—a m	ember in good standing	g of the bar of the highest court of	the jurisdiction shown bel	ow.			
b Cert	ified Publi	c Accountant—a holder	of an active license to practice as a	certified public accounta	nt in the jurisdiction shown below.			
	-	-	by the IRS per the requirements of	Circular 230.				
		a fide officer of the taxp	· -					
	•	loyee—a full-time empl	• • •					
	•				ndchild, step-parent, step-child, brother, or			
		ry—enrolled as an actua tion 10.3(d) of Circular 2		lment of Actuaries under 2	29 U.S.C. 1242 (the authority to practice b	efore the IRS is		
h Une and a va	nrolled Ref signed the lid PTIN; ar	turn Preparer—Authorit e return or claim for refund (4) possesses the req	y to practice before the IRS is limite nd (or prepared if there is no signa	ture space on the form); (2	oreparer may represent, provided the preparer may represent, provided the prepare (2) was eligible to sign the return or claim (3). See Special Rules and Requirements f	for refund; (3) has		
			receives permission to represent to LITC or STCP. See instructions for P		virtue of his/her status as a law, business ation and requirements.	, or accounting		
		ment Plan Agent—enro ce is limited by section 1		der the requirements of Ci	rcular 230 (the authority to practice before	re the Internal		
			PRESENTATIVE IS NOT COM MUST SIGN IN THE ORDER LIS		D DATED, THE IRS WILL RETURN 1	THE POWER O		
Note: Fo	r designati	ons d-f, enter your title,	position, or relationship to the tax	payer in the "Licensing jui	risdiction" column.			
Insert ab	nation— ove letter -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					