Ū	•						
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b	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):						
6	with the Ir attorney, cl	nternal Revenue Service heck here		r periods covered by t	utomatically revokes all earlier power(s) of att his form. If you do not want to revoke a pr MAIN IN EFFECT.	-	
7	 7 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 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. 						
ħ.,			4/1	1/2024			
	Su	Signature		Date	Title (if applicable)		
Doug	glas Swe	et Print name		Print name c	of taxpayer from line 1 if other than individua	 I	
Part	l Dec	claration of Repre	sentative				
Under p	penalties of	perjury, by my signature	e below I declare that:				
•I am no	ot currently	suspended or disbarred	from practice, or ineligible for prac	tice, before the Interna	l Revenue Service;		
•I am su	bject to reg	ulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amen	nded, governing practic	e before the Internal Revenue Service;		
•I am au	uthorized to	represent the taxpayer	identified in Part I for the matter(s)	specified there; and			
I am or	ne of the fol	lowing:					
a Atte	orney—a m	ember in good standing	of the bar of the highest court of t	he jurisdiction shown b	pelow.		
b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.							
c Enr	olled Agent	 enrolled as an agent b 	by the IRS per the requirements of (Circular 230.			
d Officer—a bona fide officer of the taxpayer organization.							
_	-	oyee—a full-time emplo					
f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).							
-		ry—enrolled as an actua tion 10.3(d) of Circular 2		ment of Actuaries unde	er 29 U.S.C. 1242 (the authority to practice be	fore the IRS is	
ano a v	d signed the alid PTIN; ar	e return or claim for refund rd (4) possesses the requ	nd (or prepared if there is no signat	ure space on the form)	n preparer may represent, provided the preparer (2) was eligible to sign the return or claim for (s). See Special Rules and Requirements for	or refund; (3) has	
k Qua stu	alifying Stuc Ident, or law	lent or Law Graduate—r / graduate working in a l	eceives permission to represent ta LITC or STCP. See instructions for Pa	xpayers before the IRS art II for additional infor	by virtue of his/her status as a law, business, mation and requirements.	or accounting	
		ment Plan Agent—enro ce is limited by section 1		ler the requirements of	Circular 230 (the authority to practice before	the Internal	
			PRESENTATIVE IS NOT COM MUST SIGN IN THE ORDER LIS		ND DATED, THE IRS WILL RETURN TH	IE POWER OF	
Note: Fo	or designatio	ons d–f, enter your title,	position, or relationship to the taxp	bayer in the "Licensing	jurisdiction" column.		
Insert a	mation— bove letter a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)		Signature	Date	