## Department of the Treasury Internal Revenue Service

## Power of Attorney and Declaration of Representative

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

OMB No. 1545-0150 For IRS Use Only

Received by:

Internal Revenue Service Go to www.hs.gov/roinizo46 for hist actions and the latest information.									
Part	tl Power of Attorney								
Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored						Function			
	for any purpose other than representation before the IRS.					Date / /	'		
1	Taxpayer information. Taxpayer must sign and date this form on page	ge 2, line 7.							
	opher S. Webb	Taxpayer identification	axpayer identification number(s)						
	. Van Ness			-7845					
San Fr	ancisco, CA 94110		Daytime telephone number Plan		Plan nu	number (if applicable)			
hereby	appoints the following representative(s) as attorney(s)-in-fact:		•						
2	Representative(s) must sign and date this form on page 2, Part II.								
			CAF No.						
9000 Southside Blvd., Bldg. 100, Suite 1900 Jacksonville, Florida 32256			PTIN						
			Telephone No.						
			Fax No. 407-358-54						
Check i	f to be sent copies of notices and communications	Chec	k if new: Address	Telephon	e No. 🗌	Fax No.			
			CAF No.						
			PTIN						
			Telephone No.						
			Fax No.						
Check i	f to be sent copies of notices and communications	Chec	k if new: Address						
			CAF No.						
			PTIN						
			Telephone No.						
			Fax No.						
(Note: I	RS sends notices and communications to only two representatives.)	Chec	k if new: Address	Telephon	e No. 🗌	Fax No.			
			CAF No.						
			PTIN						
			Telephone No.						
			Fax No				_		
	RS sends notices and communications to only two representatives.)		k if new: Address	Telephon	e No. 🔃	Fax No.			
to repre	esent the taxpayer before the Internal Revenue Service and perform the	following a	cts:						
3									
	Acts authorized (you are required to complete line 3). Except for the								
	confidential tax information and to perform acts I can perform with r	•			•				
	have the authority to sign any agreements, consents, or similar docume	ents (see ins	tructions for line 5a for a	utnorizing a i	epresent	tative to sign a retu	ırn).		
	scription of Matter (Income, Employment, Payroll, Excise, Estate, Gift,				ear(s) or	(s) or Period(s) (if applicable)			
Whi	stleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	(1040			(see instructions)				
Incom	e / Separate Assessment	104	O (MFT 30) / 1040 (MFT	31)	200	00 through 2026			
meom	c / Separate Assessment		7 (MI 1 30) / 10 40 (MI 1	,	200	o unough 2020			
Civil P	enalty		N/A		2000 through 2026 1st,2nd,3rd,4th Qtrs.				
	<b>,</b>								
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 us	e not rec	orded on CAF. ch	neck		
•	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 <i>Line 4. Specific Use Not Recorded on CAF</i> in the instructions								
							ıctions		
Ja	a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see ir 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:								

Form 284	8 (Rev. 1-202	1)				Page <b>2</b>				
	<b>Specific acts not authorized.</b> 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):									
	· · · · · · · · · · · · · · · · · · ·									
	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 <b>do not</b> want to revoke a prior power of attorney, check here									
	-		OF ANY POWER OF ATTORNE	YOU WANT TO REI	MAIN IN EFFECT.	_				
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 attorned 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.									
Christo	pher S. We	Signature <b>bb</b>		Date	Title (if applicable)					
		 Print name		Print name o	f taxpayer from line 1 if other than individu	al				
Part I	Dec	laration of Repres	sentative		. ,					
Under p		perjury, by my signature								
			from practice, or ineligible for prac	tice, before the Interna	Revenue Service;					
• I am sul	bject to reg	ulations in Circular 230 (	31 CFR, Subtitle A, Part 10), as amer	nded, governing practice	e before the Internal Revenue Service;					
• I am au	thorized to	represent the taxpayer	identified in Part I for the $matter(s)$	specified there; and						
• I am on	e of the fol	owing:								
	-	-	of the bar of the highest court of t	•						
					tant in the jurisdiction shown below.					
	_		by the IRS per the requirements of 0	Circular 230.						
		a fide officer of the taxp	-							
		oyee—a full-time emplo								
	•	•			randchild, step-parent, step-child, brother, or					
		ry—enrolled as an actua ion 10.3(d) of Circular 2		ment of Actuaries unde	r 29 U.S.C. 1242 (the authority to practice b	efore the IRS is				
and a va	d signed the alid PTIN; ar	e return or claim for refund (4) possesses the requ	nd (or prepared if there is no signa	ture space on the form);	preparer may represent, provided the pre (2) was eligible to sign the return or claim (s). <b>See Special Rules and Requirements f</b>	for refund; (3) has				
			receives permission to represent ta LITC or STCP. See instructions for Pa		by virtue of his/her status as a law, business mation and requirements.	, or accounting				
		ment Plan Agent—enro	, ,	ler the requirements of	Circular 230 (the authority to practice before	re the Internal				
			PRESENTATIVE IS NOT COM		ND DATED, THE IRS WILL RETURN <sup>1</sup> 2.	THE POWER OF				
<b>Note:</b> Fo	r designati	ons d-f, enter your title,	position, or relationship to the tax	payer in the "Licensing j	urisdiction" column.					
Insert ab	nation— bove letter a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)		Signature	Date				