



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**REQUEST FOR COPY OF TAX RETURN
or TAX ACCOUNT INFORMATION/TRANSCRIPT**

General instructions:

- In order to locate the proper return, you must provide the taxpayer's name, address, and identifying numbers as they appear on the form. (SSN, FEIN, SID, or SC Account number)
- If you choose the email option, we will securely send the tax information to the email address provided. Follow the instructions in the email to securely access your transcripts. Information in the email is accessible for 30 days. Print or save this information immediately.
- If you choose the mail option, we will send the information to the mailing address you provide below.

Mail Email david@dctax.us

Taxpayer Information

Primary taxpayer or business name Mari L Barlow (aka Mari L McLaughlin)

SSN 372628205 FEIN/SID/SC Account number _____

Spouse's name (if applicable) _____ Spouse's SSN (if applicable) _____

Mailing address on return 150 Caesar PI

City Hilton Head Island State SC ZIP 29926

Current mailing address (If different from above) _____

City _____ State _____ ZIP _____

Check the tax type: Individual Corporate Fiduciary Partnership Other _____

Return tax periods requested 2018 through 2022

You may request copies for up to five tax periods.

Check the applicable box:

- I am the taxpayer or an authorized person requesting the information.
- I am not the taxpayer but have attached a signed Power of Attorney, SC2848, to receive this information.
- I am not the taxpayer but have attached Court Appointee documents to receive this information.
- I am not the taxpayer but am requesting public information.

Signature of requestor (The SCDOR will not accept this form if it is not signed.)

Print name David W Collins Date 10/23/2024 Phone number (423) 482-9737

Signature  Title Enrolled Agent

Allow up to 30 days for your request to be processed.
Incomplete forms will not be processed.
Email your completed request to RequestforCopies@dor.sc.gov





STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**POWER OF ATTORNEY AND
DECLARATION OF REPRESENTATIVE**

Part I: Power of Attorney

* indicates a required field. If **all** required fields are not completed, the power of attorney will be considered invalid.

1 Taxpayer information - Taxpayer must sign and date this form on page 2, line 7.

* Taxpayer name and address Mari L Barlow (aka Mari L McLaughlin) 150 Caesar Pl. Hilton Head Island, SC 29926	* SSN 372 62 8205	* FEIN
	Spouse's SSN (if filing jointly)	Plan number (if applicable)
	Daytime phone number (423) 482-9737	Email address

hereby appoints the following representatives as attorneys-in-fact:

2 Representative information - Representatives must sign and date this form on page 2, Part II.

* Name and address David W Collins 9301 Ocoee St., #64 Ooltewah, TN 37363	* Phone (423) 482-9737 Fax (423) 558-3274 Email david@dctax.us Check if new: <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Name and address	Phone _____ Fax _____ Email _____ Check if new: <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Name and address	Phone _____ Fax _____ Email _____ Check if new: <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email

to represent the taxpayer before the SCDOR for the following tax matters:

3 Tax matters (See instructions. Include **specific** types, forms, and years or periods. General references are **not** acceptable.)

* Type of tax or license (Individual, Corporate, Withholding, Sales, ABL, etc.)	* Tax form number (SC1040, WH1605, ST-3, etc.)	* Years or Periods
Individual	SC1040	2016-2024
Civil Penalties	SC1040	2016-2024

4 Acts authorized: A representative is an individual authorized to receive and inspect confidential tax information and to perform any and all acts on behalf of the taxpayer with respect to the tax matters described on line 3. This includes the authority to sign any agreements, consents, or other documents. You may **not** use this Power of Attorney form to authorize a representative to endorse or cash refund checks. You may authorize a representative to sign a return **only** as set forth in SC Code Section 12-2-75.

List any specific additions to or deletions from the acts otherwise authorized in this power of attorney: _____



5 Receipt of refund checks: If you want to authorize a representative named on line 2 to receive refund checks, **but not to endorse or cash** them, initial here _____ and list the name of that representative below.

Name of representative to receive refund checks _____


6 Retention/revocation of prior powers of attorney: Filing this power of attorney automatically revokes all earlier powers of attorney on file with the SCDOR for the **same** tax matters for years or periods covered by this document.

Check this box if you do not want to revoke a prior power of attorney

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer signature: If the tax matter concerns a joint return and you are requesting joint representation, **both** taxpayers must sign. If signed by a corporate officer, partner, guardian, tax matters partner, LLC member, executor, receiver, personal representative, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

The SCDOR will not accept an unsigned power of attorney.

*  *09/12/2024 _____
 Signature Date Title (if applicable)

* Mari L Barlow (aka Mari L McLaughlin)
 Print name

 Signature Date Title (if applicable)

 Print name

All notices and communications will be sent to the taxpayer, not your representative. You can also review notices and communications on MyDORWAY. Contact our office for assistance if you are unable to forward a copy of any notices to your representative.

Part II: Declaration of Representative

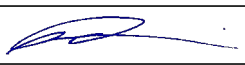
* indicates a required field. If **all** required fields are not completed, the declaration of representative will be considered invalid.

I declare that:

- I am authorized to represent the taxpayers identified in Part I for the tax matters specified; and
- I am one of the following:
 - a. Attorney: a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b. Certified Public Accountant: duly qualified to practice as a certified public accountant in the jurisdiction shown below
 - c. Enrolled Agent: enrolled as an agent under the requirements of the US Treasury Department Circular 230
 - d. Officer: a bona fide officer of the taxpayer organization
 - e. Full-Time Employee: a full-time employee of the taxpayer
 - f. Family Member: a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister)
 - g. Return Preparer
 - h. Other (provide explanation): _____

The SCDOR will not accept an unsigned declaration of representative.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

* Designation (enter letter a-h from above)	* Jurisdiction (state)	* Signature	*Date
C	IRS		Sep 12, 2024

33072034

Tamper Verification

To check if this file has been modified after being signed, please go to:

<https://www.encyro.com/esign/verify>

Upload the file. The result will indicate if the file contents have been tampered with.

Signed By

Signer: Mari L Barlow (Imbarlow54@gmail.com)

Identity Check: Email Authentication

Signature Type: Mouse or hand drawn

Time Zone: UTC-04:00, America/New York (Eastern Daylight Time)

Event Log

Sep 12, 2024, 3:18:43 PM - Email notification delivered to Mari L Barlow (Imbarlow54@gmail.com).

Sep 12, 2024, 3:18:43 PM - Email notification sent to Mari L Barlow (Imbarlow54@gmail.com).

Sep 12, 2024, 3:24:33 PM - Mari L Barlow (Imbarlow54@gmail.com) opened the email notification (estimated), from 2a02:26f7:f6fc:4000:cb60:80f:fb19:3c41.

Sep 12, 2024, 3:24:35 PM - Mari L Barlow (Imbarlow54@gmail.com) viewed the document(s), from 174.238.101.149.

Sep 12, 2024, 3:34:31 PM - Mari L Barlow (Imbarlow54@gmail.com) electronically signed or completed the document(s), from 174.238.101.149.

END OF LOG