Form **2848**

(Rev. January 2021) 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:
Name
Telephone
Function

Par	Power of Attorney Caution: A separate Form 2848 must be completed for 6	each taxp	ayer. Form 2848 will not be ho	onored	Telephone Function		
	for any purpose other than representation before the IRS.		_		Date / /		
Taypa	Taxpayer information. Taxpayer must sign and date this form on payer name and address	page 2, lin		r(c)			
	L FOX	Taxpayer identification number(s) 174-77-0408					
	WHITEHALL RD (VILLE, TN 38501	Daytime telephone number (423) 482-9737		Plan r	Plan 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.						
	and address D COLLINS	CAF No. 0315-54449R					
9301 OCOEE ST, #64			PTIN P03013529				
	EWAH, TN 37363	Telephone No. (423) 482-9737 Fax No. (423) 558-3274					
Check	if to be sent copies of notices and communications	Check	if new: Address Telepho				
Name	and address		CAF No.				
			PTIN				
			Telephone No.				
	_		Fax No.	·			
	if to be sent copies of notices and communications	Check	if new: Address Telepho		•		
Name	and address		CAF No.				
			PTIN				
			Telephone No.				
(Note:	IRS sends notices and communications to only two representatives.)	Check	Fax Noif new: Address Telepho	ne No.	Fax No.		
	and address	-	CAF No.		•		
			PTIN				
			Telephone No.				
		Fax No.					
	IRS sends notices and communications to only two representatives.)	-	if new: Address L Telepho	ne No.	Fax No.		
to repr	esent the taxpayer before the Internal Revenue Service and perform	the follow	ng acts:				
3	Acts authorized (you are required to complete line 3). Except for inspect my confidential tax information and to perform acts I can representative(s) shall have the authority to sign any agreements, representative to sign a return).	perform v	with respect to the tax matters	described	below. For example		
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)					or Period(s) (if applicable) (see instructions)		
INCO	ME, SRP	1040			2000 - 2027		
SEPARATE ASSESSMENTS			1040		2000 - 2027		
CIVIL PENALTIES			N/A		2000 - 2027		
4	Specific use not recorded on the Centralized Authorization F						
	CAF, check this box. See <i>Line 4. Specific Use Not Recorded on Ca</i> Additional acts authorized. In addition to the acts listed on line 3 a						
5а		ecords via	an Intermediate Service Provide	er;	le following acts (see		
	Other sets outberized:						
	Other acts authorized:						

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b	accepting payment by any mea entity with whom the represent	• • • • • • • • • • • • • • • • • • • •	n account owned or or by the government		-			
6	attorney on file with the Intern revoke a prior power of attorne	al Revenue Service for the same y, check here	matters and years	attorney automatically revokes all earlier or periods covered by this form. If you do				
7	YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN 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 powe 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.							
	Signature		Date	Title (if applicable)				
	LUCY L FOX		District					
Dan	Print name		Print name	of taxpayer from line 1 if other than individu	al			
Par	•							
	r penalties of perjury, by my sign							
		rred from practice, or ineligible for						
			=	ing practice before the Internal Revenue Se	rvice;			
lam	authorized to represent the taxpa	ayer identified in Part I for the matt	er(s) specified there	; and				
lam	one of the following:							
a A	attorney—a member in good stan	ding of the bar of the highest court	of the jurisdiction sh	own below.				
b (Certified Public Accountant—a ho	der of an active license to practice	as a certified public	accountant in the jurisdiction shown below				
c E	Enrolled Agent—enrolled as an ag	ent by the IRS per the requiremen	ts of Circular 230.					
d C	Officer—a bona fide officer of the	axpayer organization.						
e F	ull-Time Employee—a full-time e	mployee of the taxpayer.						
f F	amily Member—a member of the t	axpayer's immediate family (spouse	, parent, child, grand	parent, grandchild, step-parent, step-child, bro	other, or sister).			
	Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).							
p fo	repared and signed the return or or refund; (3) has a valid PTIN; ar	claim for refund (or prepared if the	re is no signature sp ual Filing Season Pr	ed return preparer may represent, provided bace on the form); (2) was eligible to sign the ogram Record of Completion(s). See Speciformation.	e return or clàim			
				the IRS by virtue of his/her status as a law till for additional information and requireme				
	Enrolled Retirement Plan Agent— nternal Revenue Service is limited		t under the requirem	ents of Circular 230 (the authority to practic	e before the			
)	IF THIS DECLARATION OF			GNED, AND DATED, THE IRS WILL	RETURN THE			
		title, position, or relationship to the						
			Language, in the Lie	eg janoaioaon oolanii.				
Ins	ignation— ert above ter (a-r) Licensing jurisdictio (State) or other licensing authority	Bar, license, certification, registration, or enrollment		Signature	Date			

		· · · · · · · · · · · · · · · · · · ·	_ ' '				
Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)		Signature	Date		
С	IRS	00150946-EA	DAVID COLLINS	Po	08/13/2024		