(Rev. January 2021)

Department of the Treasury Internal Revenue Service

Power of Attorney

Part I

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

For	IKS	Use	Only

Received by: Name Telephone

Caution: A separate Form 2848 must be completed for e	ored Function		
for any purpose other than representation before the IRS.		Date / /	
1 Taxpayer information. Taxpayer must sign and date this form on p			
Taxpayer name and address	Taxpayer identification number(s	5)	
	Daytime telephone number	Plan number (if applicable)	
	Baytime telephone number	Transcr (ii applicable)	
hereby appoints the following representative(s) as attorney(s)-in-fact:	l .		
2 Representative(s) must sign and date this form on page 2, Part II.			
Name and address	CAF No0315-	54449R	
David W Collins	PTIN P030 1	03013529	
9301 Ocoee St., #64	Telephone No. (423) 482-9737		
Ooltewah, TN 37363	Fax No. (423) 558-3274		
Check if to be sent copies of notices and communications	Check if new: Address Telephon	e No. 🗌 Fax No. 🗌	
Name and address	CAF No.		
	PTIN		
	Telephone No.		
	Fax No		
Check if to be sent copies of notices and communications	Check if new: Address Telephon		
Name and address	CAF No.		
	PTIN		
	Telephone No.		
(Nata IDC condo nations and communications to only two narrows artations)	Fax No.	a Na 🖂 — Fay Na 🖂	
(Note: IRS sends notices and communications to only two representatives.) Name and address	Check if new: Address Telephon	•	
Name and address	CAF No PTIN		
	Telephone No. Fax No.		
(Note: IRS sends notices and communications to only two representatives.)		 e No.	
to represent the taxpayer before the Internal Revenue Service and perform			
3 Acts authorized (you are required to complete line 3). Except fo	•	ny representative(s) to receive and	
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).			
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift,	Tax Form Number	'ear(s) or Period(s) (if applicable)	
Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec.	(1040, 941, 720, etc.) (if applicable) (see instructions		
4980H Shared Responsibility Payment, etc.) (see instructions)		,	
Income	1120, 1120S, 1065, 1041	2000 - 2027	
Payroll	940, 941, 943, 944	2000 - 2027	
Obid Barrelline Continue 1000H	240	2002 2007	
Civil Penalties, Section 4980H 4 Specific use not recorded on the Centralized Authorization Fi	N/A	2000 - 2027	
CAF, check this box. See Line 4. Specific Use Not Recorded on C.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
5a Additional acts authorized. In addition to the acts listed on line 3			
instructions for line 5a for more information): Access my IRS re		• ,	
Authorize disclosure to third parties;	_	,	
Other acts authorized:			

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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	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					
7	Taxpayer of attorne partnershi taxpayer,	declaration and sign y even if they are ap p representative (or of I certify I have the lega	nature. If a tax matter concerns a pointing the same representative designated individual, if applicated authority to execute this form of	a year in which a joint ret e(s). If signed by a corp able), executor, receiver on behalf of the taxpayer.	curn was filed, each spouse must file a corate officer, partner, guardian, tax , administrator, trustee, or individual	matters partner, other than the
		Signature		Date	Title (if applicable)	
		Print name		Drint name of to	xpayer from line 1 if other than individu	
Part	i De	claration of Repr	ecentative	Fillit flame of ta	xpayer from line i ii other than individu	lai
	•		ture below I declare that: rred from practice, or ineligible fo	or practice before the lat	earnal Boyanya Sarvigas	
					practice before the Internal Revenue Se	rvico:
		-	yer identified in Part I for the mat			i vice,
	one of the f		yer identified fir raft rior the mat	ici(3) specified there, air	u	
		•	ing of the bar of the highest cour	t of the jurisdiction show	n below	
		-			countant in the jurisdiction shown belo	ow.
			nt by the IRS per the requiremen			
	_	na fide officer of the ta				
			ployee of the taxpayer.			
f Fa	mily Membe	er—a member of the tax	xpayer's immediate family (spouse	e, parent, child, grandpare	ent, grandchild, step-parent, step-child, b	prother, or sister).
g Er	nrolled Actu		ctuary by the Joint Board for the		under 29 U.S.C. 1242 (the authority to	
pr cla	epared and aim for refu	signed the return or c nd; (3) has a valid PTIN	laim for refund (or prepared if the	ere is no signature space I Annual Filing Season Pi	turn preparer may represent, provided on the form); (2) was eligible to sign the rogram Record of Completion(s). See s formation.	ne return or
					IRS by virtue of his/her status as a law or additional information and requirement	
		rement Plan Agent—er nue Service is limited I		t under the requirements	of Circular 230 (the authority to practi	ce before the
			REPRESENTATIVE IS NOT RESENTATIVES MUST SIGN		ED, AND DATED, THE IRS WILL TED IN PART I, LINE 2.	RETURN THE
Note:	For designa	tions d-f, enter your ti	tle, position, or relationship to the	e taxpayer in the "Licens	ing jurisdiction" column.	
Inse	gnation— ert above er (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)		Signature	Date
		Fodoral (IDC)	00150046 54	100		
	С	Federal (IRS)	00150946-EA			