

1350

dor.sc.gov



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

SC2848
(Rev. 2/17/23)
3307

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

Regina T Sears
100 Riverbend Dr
West Columbia, SC 29169

* SSN

592 30 3601

Spouse's SSN (if filing jointly)

* FEIN

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 (888) 627-2375

Fax (423) 558-3274

Email david@dctax.us

Check if new: ☐ Address ☐ Phone ☐ Fax ☐ Email

Name and address

Phone _____

Fax _____

Email _____

Check if new: ☐ Address ☐ Phone ☐ Fax ☐ Email

Name and address

Phone _____

Fax _____

Email _____

Check if new: ☐ Address ☐ Phone ☐ Fax ☐ 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

Individual

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: _____

33071036



- 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.

* _____ Signature	* Oct 21, 2024 Date	_____ Title (if applicable)
* Regina T Sears 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	Federal (IRS)		Oct 21, 2024

33072034