(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

Received by	y:		
Name			
Геlephone			
unction			
	7	7	

Caution: A separate Form 2848 must be completed for	Function					
for any purpose other than representation before the IRS 1 Taxpayer information. Taxpayer must sign and date this form or	Date / /					
Taxpayer name and address	Taxpayer identification number(s)					
	Daytime telephone number 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 I	I.					
Name and address	CAF No.					
	PTIN					
	Telephone No.					
_	Fax No					
Check if to be sent copies of notices and communications	Check if new: Address Telephone No	Check if new: Address Telephone No Fax No				
Name and address	CAF No.					
	PTIN					
	Telephone No.					
	Fax No.					
Check if to be sent copies of notices and communications Name and address	Check if new: Address Telephone No.					
Name and address	CAF No. PTIN					
		Telephone No.				
(Note: IRS sends notices and communications to only two representatives		Fax No.				
Name and address	CAF No.					
	PTIN					
	Telephone No.					
	Fax No.					
(Note: IRS sends notices and communications to only two representatives	.) Check if new: Address Telephone No.	Fax No.				
to represent the taxpayer before the Internal Revenue Service and perform	n the following acts:					
3 Acts authorized (you are required to complete line 3). Except f	or the acts described in line 5b, I authorize my represe	entative(s) to receive and				
inspect my confidential tax information and to perform acts I ca	·					
representative(s) shall have the authority to sign any agreements	, consents, or similar documents (see instructions for	line 5a for authorizing a				
representative to sign a return).						
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift	Tax Form Number Year(s) or	Period(s) (if applicable)				
Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	(1040, 941, 720, etc.) (if applicable) (see instructions)					
430011 Shared nesponsibility Fayment, etc.) (see instructions)						
4 Specific use not recorded on the Centralized Authorization	File (CAF). If the power of attornev is for a specific u	use not recorded on				
CAF, check this box. See Line 4. Specific Use Not Recorded on						
5a Additional acts authorized. In addition to the acts listed on line	3 above. I authorize my representative(s) to perform th	e following acts (see				
instructions for line 5a for more information): Access my IRS		3 (
☐ Authorize disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return;						
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	attorney o	on file with the Internal prior power of attorney	Revenue Service for the same	matters and years or	ttorney automatically revokes all earlier periods covered by this form. If you do	
7	of attorne partnershi taxpayer,	y even if they are ap p representative (or of I certify I have the lega	pointing the same representativ designated individual, if applica al authority to execute this form o	re(s). If signed by a cable), executor, received by behalf of the taxpay	return was filed, each spouse must file a orporate officer, partner, guardian, tax ver, administrator, trustee, or individuater.	matters partner, I other than the
		Signature		Date	Title (if applicable)	
		Print name			towns or from line 1 if other than individual	ual
Part	De	claration of Repr	ecentative	Print name of	taxpayer from line 1 if other than individe	Jai
	•		ture below I declare that:	or practice before the	Internal Bayonua Canica:	
		•	rred from practice, or ineligible for	•		on ioo:
		-	yer identified in Part I for the mat	_	g practice before the Internal Revenue S	ervice,
	one of the f		yer identified in rait i for the mai	iter(s) specified there, a	and	
		•	ing of the bar of the highest cour	t of the jurisdiction sh	own below	
	-	-	-	•	accountant in the jurisdiction shown bel	OW
			nt by the IRS per the requiremen		about the fundament of own bor	5W .
	_	na fide officer of the ta		is of Girodial 200.		
			ployee of the taxpayer.			
				e, parent, child, grandpa	arent, grandchild, step-parent, step-child,	brother, or sister).
g En	rolled Actu		ctuary by the Joint Board for the	· ·	s under 29 U.S.C. 1242 (the authority to	
pre cla	epared and aim for refu	signed the return or cond; (3) has a valid PTIN	laim for refund (or prepared if the	ere is no signature spa I Annual Filing Season	return preparer may represent, provided ace on the form); (2) was eligible to sign to Program Record of Completion(s). See <i>information.</i>	he return or
					he IRS by virtue of his/her status as a lav Il for additional information and requirem	
		rement Plan Agent—er nue Service is limited I		t under the requiremer	nts of Circular 230 (the authority to pract	ice before the
			REPRESENTATIVE IS NOT RESENTATIVES MUST SIGN		NED, AND DATED, THE IRS WILL ISTED IN PART I, LINE 2.	RETURN THE
Note: F	or designa	tions d-f, enter your ti	tle, position, or relationship to the	e taxpayer in the "Lice	nsing jurisdiction" column.	
Inse	gnation— rt above er (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)		Signature	Date
				Quan	eteya Crowell	
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