(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	Fax No.			
Name and address	CAF No.				
	PTIN				
	Telephone No.	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. Fax 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 ac	ld representative(s);				
Other acts authorized:					

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b							
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 attorned partnersh taxpayer,	declaration and sign by even if they are ap ip representative (or of I certify I have the lega	nature. If a tax matter concerns a pointing the same representative designated individual, if applicated and authority to execute this form of	a year in which a joint return ve(s). If signed by a corporatable), executor, receiver, adron behalf of the taxpayer.	was filed, each spouse must file a e officer, partner, guardian, tax i ministrator, trustee, or individual	matters partner, other than the	
		Signature		Date	Title (if applicable)		
		Print name		Print name of taxpaye	er from line 1 if other than individu	ıal	
Part		claration of Repr					
	•		ture below I declare that:				
		•	rred from practice, or ineligible for	•			
		=			ice before the Internal Revenue Se	ervice;	
			yer identified in Part I for the mat	ter(s) specified there; and			
	one of the f	ŭ	:		la		
		-	ing of the bar of the highest cour	-		N	
			nt by the IRS per the requiremen	•	tant in the jurisdiction shown belo	Jw.	
	-	ona fide officer of the ta	• •	its of Officular 250.			
			ployee of the taxpayer.				
				e. parent. child. grandparent. gr	randchild, step-parent, step-child, b	orother, or sister).	
<b>g</b> Er	nrolled Actu		ctuary by the Joint Board for the		r 29 U.S.C. 1242 (the authority to		
pr cla	epared and aim for refu	I signed the return or c nd; (3) has a valid PTIN	laim for refund (or prepared if the	ere is no signature space on t I Annual Filing Season Progra	preparer may represent, provided he form); (2) was eligible to sign the macord of Completion(s). <b>See sation.</b>	ne return or	
					by virtue of his/her status as a law ditional information and requireme		
		rement Plan Agent—er nue Service is limited I		t under the requirements of C	ircular 230 (the authority to practi	ce before the	
P	OWER OF	ATTORNEY. REP	RESENTATIVES MUST SIGN	I IN THE ORDER LISTED	-	RETURN THE	
Note: F	For designa	tions d-f, enter your ti	tle, position, or relationship to the	e taxpayer in the "Licensing ju	urisdiction" column.		
Inse	gnation— ert above er <b>(a-r).</b>	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Sig	gnature	Date	
				Quantey	a Crowell		
				0			