(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.				
	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 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	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 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 authority to execute this form of	a year in which a joint return was filed, each spouse must fe(s). If signed by a corporate officer, partner, guardian, able), executor, receiver, administrator, trustee, or indivi	tax matters partner, dual other than the	
		Signature		Date Title (if applicable)		
		Print name		Print name of taxpayer from line 1 if other than ind	ividual	
Part		claration of Repr				
	•		ture below I declare that:			
		•	•	or practice, before the Internal Revenue Service;	•	
		=		as amended, governing practice before the Internal Revenu	e Service;	
			yer identified in Part I for the mat	ter(s) specified there; and		
	one of the f	ŭ	ing of the bar of the highest sour	t of the jurisdiction shows below		
	•	-	•	t of the jurisdiction shown below. e as a certified public accountant in the jurisdiction shown	below	
			nt by the IRS per the requiremen		below.	
	•	ona fide officer of the ta	• •	to of circular 200.		
			ployee of the taxpayer.			
				e, parent, child, grandparent, grandchild, step-parent, step-ch	ild, brother, or sister).	
<b>g</b> Er	nrolled Actu		ctuary by the Joint Board for the	Enrollment of Actuaries under 29 U.S.C. 1242 (the authorit	•	
pro 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 I; and (4) possesses the required	limited. An unenrolled return preparer may represent, provere is no signature space on the form); (2) was eligible to signature space on the form); (2) was eligible to signature Season Program Record of Completion(s). Sections for additional information.	gn the return or	
	k Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.					
		rement Plan Agent—er nue Service is limited I		t under the requirements of Circular 230 (the authority to p	ractice before the	
				COMPLETED, SIGNED, AND DATED, THE IRS W I IN THE ORDER LISTED IN PART I, LINE 2.	LL RETURN THE	
Note: F	For designa	tions d-f, enter your ti	tle, position, or relationship to the	e taxpayer in the "Licensing jurisdiction" 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)	Signature	Date	
				Quanteya Crowell		
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