

Form 2848

Power of Attorney and Declaration of Representative

Department of the Treasury - Internal Revenue Service

Part I. Power of Attorney

1. Taxpayer Information

Taxpayer name and address:	Taxpayer identification number(s) (SSN or EIN):
<input type="text"/>	<input type="text"/>
Daytime telephone number:	Plan number (if applicable):
<input type="text"/>	<input type="text"/>

2. Representative(s)

The taxpayer hereby appoints the following representative(s) as attorney(s)-in-fact:

Representative 1

Name and address:	CAF No.:
<input type="text"/>	<input type="text"/>
	PTIN:
	<input type="text"/>
Telephone No.:	Fax No.:
<input type="text"/>	<input type="text"/>

Representative 2

Name and address:	CAF No.:
<input type="text"/>	<input type="text"/>
	PTIN:
	<input type="text"/>
Telephone No.:	Fax No.:
<input type="text"/>	<input type="text"/>

3. Acts Authorized

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that the taxpayer(s) can perform with respect to the tax matters described below.

Description of Matter (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 1120, etc.)	Year(s) or Period(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Specific Use Not Recorded on Centralized Authorization File (CAF)

If the power of attorney is for a specific use not recorded on CAF, check or write details here:

5. Additional Acts Authorized or Excluded

Use the field below to specify any additions or deletions to the acts otherwise authorized by this power of attorney:

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 tax matters and periods. If you do not want to revoke a prior power of attorney, write "NO" here and attach a copy of the prior power of attorney:

7. Signature of Taxpayer

If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested.

Signature of Taxpayer: <input type="text" value="(Sign here on printed form)"/>	Date: <input type="text" value="MM/DD/YYYY"/>	Title (if applicable): <input type="text"/>
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Print Name of Taxpayer:

Part II. Declaration of Representative

Under penalties of perjury, I declare that I am authorized to represent the taxpayer(s) identified in Part I for the matter(s) specified there, and that 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 Treasury Department Circular No. 230.
- **d** Officer - a bona fide officer of the taxpayer's organization.
- **e** Full-Time Employee - a full-time employee of the taxpayer.

Designation (Insert letter a-e above)	Jurisdiction (State) or Licensing Authority	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="(Signature)"/>	<input type="text" value="MM/DD/YYYY"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="(Signature)"/>	<input type="text" value="MM/DD/YYYY"/>