(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.<br>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:   |   |                            |  |  |  |
|  |   |                            |  |  |  |
|  |   |                            |  |  |  |

| Form 28                  | 848 (Rev. 1-2   | 021)   |   |   |  | Page <b>2</b>                      |
|--------------------------|---|--|---|---|--|------------------------------------|
| b                        | 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):  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 |  |   |   |  |                                    |
| 6                        |   |  |   |   |  |                                    |
| 7                        | of attorned partnersh taxpayer,   | y even if they are ap<br>p representative (or<br>I certify I have the lega           | pointing the same representativ<br>designated individual, if applica<br>al authority to execute this form o | re(s). If signed by a corporable), executor, receiver, a on behalf of the taxpayer. | n was filed, each spouse must file a rate officer, partner, guardian, tax administrator, trustee, or individual                  | matters partner,<br>other than the |
|                          |   | Signature  |   | Date  | Title (if applicable)  |                                    |
|                          |   | Print name   |   | Print name of taxpa   | ayer from line 1 if other than individu  | <br>ual                            |
| Part                     | Ⅱ De  | claration of Repr  | esentative  |   |  |                                    |
| Under                    | penalties o   | of perjury, by my signat   | ture below I declare that:  |   |  |                                    |
| • I am                   | not current   | y suspended or disba   | rred from practice, or ineligible fo  | or practice, before the Inter   | nal Revenue Service;   |                                    |
| • I am                   | subject to r  | egulations in Circular 2   | 30 (31 CFR, Subtitle A, Part 10),   | as amended, governing pra   | actice before the Internal Revenue Se  | ervice;                            |
| • I am                   | authorized  | to represent the taxpa   | yer identified in Part I for the mat  | ter(s) specified there; and   |  |                                    |
| • I am                   | one of the f  | following:   |   |   |  |                                    |
|                          | •   | ~  | ing of the bar of the highest cour  | -   |  |                                    |
|                          |   |  |   |   | ountant in the jurisdiction shown belo   | DW.                                |
|                          | _   | _  | nt by the IRS per the requiremen  | its of Circular 230.  |  |                                    |
|                          |   | ona fide officer of the ta   |   |   |  |                                    |
|                          |   | •  | ployee of the taxpayer.   | norant abild grandparent  | grandshild stop parent stop shild l  | arathar ar aistarl                 |
| g Er                     | nrolled Actu  | ary-enrolled as an ac  | ctuary by the Joint Board for the   |   | , grandchild, step-parent, step-child, I<br>der 29 U.S.C. 1242 (the authority to   | •                                  |
| <b>h</b> Ui<br>pr<br>cl: | nenrolled R<br>repared and<br>aim for refu  | I signed the return or cond; (3) has a valid PTIN                                    | ority to practice before the IRS is slaim for refund (or prepared if the                                    | ere is no signature space o<br>I Annual Filing Season Prog                          | rn preparer may represent, provided in the form); (2) was eligible to sign to gram Record of Completion(s). <b>See</b> frmation. | he return or                       |
|                          | , ,   |  |   |   | RS by virtue of his/her status as a lav additional information and requirem  |                                    |
|                          |   | rement Plan Agent—er<br>nue Service is limited l                                     |   | t under the requirements of   | f Circular 230 (the authority to practi  | ce before the                      |
|                          |   |  | REPRESENTATIVE IS NOT<br>RESENTATIVES MUST SIGN   |   | ), AND DATED, THE IRS WILL<br>ED IN PART I, LINE 2.  | RETURN THE                         |
| Note:                    | For designa   | tions d-f, enter your ti   | tle, position, or relationship to the   | e taxpayer in the "Licensing  | g jurisdiction" column.  |                                    |
| Inse                     | gnation—<br>ert above<br>ter (a-r).   | Licensing jurisdiction<br>(State) or other<br>licensing authority<br>(if applicable) | Bar, license, certification,<br>registration, or enrollment<br>number (if applicable)                       | :   | Signature  | Date                               |
|                          |   |  |   | Supha   | nin Merdez   |                                    |
|                          |   |  |   |   | V  |                                    |