Common Reasons for Rejection

- Missing taxpayer/representative identification information.
- Non-specific tax matter identification ("All Years" or "All future periods" are not acceptable.)
- Missing taxpayer initials for named representative to receive refund check.
- Missing prior Form 2848 to retain the previous representation.
- Missing taxpayer signature and/or date or title of officer of the business/ company, if applicable.
- Missing Designation, Jurisdiction, and/or Enrollment Number or representative signature and/or date.
- Missing taxpayer/representative signature and/or date for revocation or withdrawal.
- Unenrolled Return Preparer (H designation) did not prepare the tax return and/or the return is not under Examination.

Contact Information

Forms 2848 for domestic taxpayers are processed at the Memphis and Ogden Account Management Centers. Forms 2848 for international taxpayers are processed at the Philadelphia Accounts Management Center.

Memphis Accounts Management Center

5333 Getwell Road, Stop 8423 Memphis, TN 38118 Fax (901) 546-4115 Help Line (901) 546-4176

Ogden Accounts Management Center

1973 North Rulon White Blvd., Stop 6737 Ogden, UT 84404 Fax (801) 620-4249 Help Line (801) 620-4254

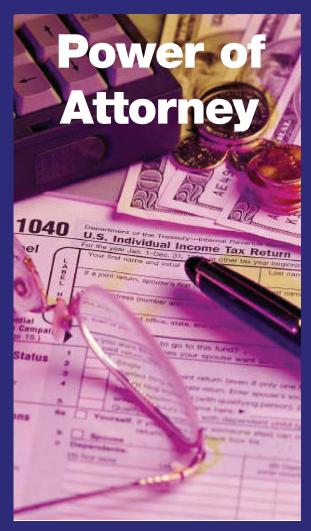
Philadelphia Accounts Management Center

International POA Requests 2970 Market Street, MS 3-E08 123, Philadelphia, Pa 19104 Fax (267) 941-1017

For on-line assistance and information, visit IRS web site at www.irs.gov or refer to Form 2848 Instructions for more infomation regarding preparation.



Department of the Treasury
Internal Revenue Service



A guide to preparing Form 2848, Power of Attorney and Declaration of Representative

Helpful Hints for Preparing Form 2848

Line 1, Taxpayer Information – Provide all taxpayer information readily available for identification, i.e., Taxpayer name(s), address, Social Security or Employer Identification Number, telephone number and Employee Plan Number.

Line 2, Representative Information -

Provide the representative information, i.e., Representative name, address, telephone and fax numbers, as well as the representative's CAF number, if previously assigned. Check the box if the representative's information requires an update.

Line 3, Tax Matters – Provide type of tax matter, i.e., income, employment, tax form number, i.e., 1040, 941, and year(s) or period(s). A dash is acceptable in lieu of the word through, i.e. 2000-2009. Up to 3 future years may be submitted on Form 2848; however, an Unenrolled Return Preparer cannot submit future year(s) or period(s). For jointly filed authorizations, when requesting tax years, the taxpayer's must have filed a joint return, i.e., tax years requested 2000-2009, for all tax years the taxpayer's must have filed a joint return.

Line 4, Specific Use – Not recorded on the CAF database.

Line 5, Acts Authorized – Provide or list any specific additions or deletions to the acts authorized to the representative(s) for the Form 2848, i.e., power to sign returns, substitute or delegate authority.

Line 6, Receipt of Refund Checks

- Taxpayer(s) initials are required along with the name of the representative to receive the refund check. Only one representative can have the authority to receive the refund check. An Unenrolled Return Preparer cannot be granted this authority.

Form			of Atto			OMB No. 1545-0150 For IRS Use Only			
(Rev. June 2008) and Declaration of Representative						Received by:			
	artment of the Treasury nal Revenue Service ► Type or prir	nt. ▶ S	ee the sepa	rate instructions.		Name			
Pa	Power of Attorney					Telephone			
_	Caution: Form 2848 will not be honored for an				the IRS.				
1 Tovr	Taxpayer information. Taxpayer(s) must sign and date payer name(s) and address	this fon	m on page 2	Social security number	or(o)	Date / / Employer identification			
тал	payer traile(s) and address		1 1		number				
					mbor	Plan number (if applicable)			
_				()	libei	riair number (ii applicable)			
here	eby appoint(s) the following representative(s) as attorney(s								
2 Nor	Representative(s) must sign and date this form on page me and address	ge 2, Pa	rt II.						
Ivali	ne and address			CAF No					
				Fay No					
			Check if r	new: Address 🔲 Te	elephone l	No. Fax No.			
Name and address			CAF No						
				Telephone No					
			Check if r	Fax No new: Address	elephone I	No. Fax No.			
Nan	ne and address			CAF No					
			Telephone No.						
			Ohani. II	Fax No	elephone I	No. 🗍 Fax No. 🗍			
	Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)			Form Number 941, 720, etc.)	(see	Year(s) or Period(s) the instructions for line 3)			
4	Specific use not recorded on Centralized Authorization check this box. See the instructions for Line 4. Specific	ion File c Uses	(CAF). If the Not Record			use not recorded on CAF,			
5 Acts authorized. The representatives are authorized to receive and inspect confidential tat (we) can perform with respect to the tax matters described on line 3, for example, the authority does not include the power to receive retaind checks (see line 5 below the control of						greements, consents, or other bestitute another representations or return closure of tax returns or return taxpayers in limited situation tyers to the extent provided may only represent taxpaye titters partners. In most case			
	List any specific additions or deletions to the acts otherwise authorized in this power of attorney:								
	and any specime additions of detections to the abid officerable datherized in this porter of attention.								
6	Receipt of refund checks. If you want to authorize a re	epresent	ative named	on line 2 to receive, BUT	NOT TO	ENDORSE OR CASH, refu			
	checks, initial here and list the name								
	Name of representative to receive refund check(s) >								
	rearrie or representative to receive return CHBCK(S)								

Line 7, Notices and Communications -

Check box 7a to provide notice issuance for two representatives. Check box 7b to not provide notice issuance for any representative.

Line 8, Retention/Revocation of prior Power(s) of Attorney – The filing of a subsequent Form 2848 for previously filed tax matters automatically revokes earlier power(s) of attorney on file. If you wish to keep an existing Form 2848 in effect, check the box and attach a copy of the Form 2848 you wish to remain in effect. Otherwise, all prior Forms 2848 will be removed.

1	2848 (Rev. 6-2008)						
	representative lister	d on line 2.			nt to you and a copy to the first		
a b				of notices and communic resentative(s), check this b			
8	Reention/recoration of infor powerful of attorney. The filing of this power of attorney automatically revokes all seriler powerful of attorney on the width the internal Revenue Service for the same tax matters and years or periodic covered by this document. If you do not want to revoke a prior power of attorney, check here.						
9	otherwise, see the trustee on behalf o	instructions. If signed be f the taxpayer, I certify	by a corporate officer, par that I have the authority t	both husband and wife in ther, guardian, tax matter o execute this form on be tNEY WILL BE RETUR			
		Signature		Date	Title (if applicable)		
	Print Na	ame	PIN Number	Print name of taxp	ayer from line 1 if other than indivi		
		Signature		Date	Title (if applicable)		
	Print Na		PIN Number				
	t II Declarat	ion of Representa	41				
lar lar a b c d e f	untants, enrolled age mathorized to represent one of the following Attorney—a membe Certified Public Acc Enrolled Agent—en Cofficer—a bona fide Full-Time Employee Family Member—a practice before the Unerrolled Return II—	ants, errolled actuaries, essent the taxpayer(s) id 19: if in good standing of the following of the countrant—duly qualified followed as an agent unde officer of the taxpayer member of the taxpayer internal Revenue Service prepare—the authority prepare—the authority to of the instance to do the country of the instance to do the country of the country of of the country of the country of the country of of the country of of the country of of the country of of of the country of of of the country of of of of of of of of of of	and others; entrified in Part I for the to the bar of the highest could to practice as a certified the requirements of Cini 's organization. of the taxpayer. I's immediate family (for y the Joint Board for the les is limited by section 1'd to practice before the Inti return in question and the tions. I'm to practice before the sision to practice before to sision to practice before to as a retirement plan agent says a retirement plan agent as a retirement as a retirement plan agent as a retirement as a re	ax matter(s) specified their to the jurisdiction show public accountant in the judier 200. example, spouse, parent, Errollment of Actuaries u. Saigl of Circular 230). erral Revenue Service is 1 ereturn must be under e: return must be under e: ret the IRS by virtue of their size IRS by virtue of their size.	n below. jurisdiction shown below.		
k I r	10.7(d) of Circular 2 Enrolled Retirement before the Internal F	Plan Agent—enrolled a Revenue Service is limit	ed by section 10.3(e)).				
k I r	Enrolled Retirement before the Internal F IF THIS DECL	Revenue Service is limit	ESENTATIVE IS NOT	SIGNED AND DATED	, THE POWER OF ATTORNEY W		
k I r	Enrolled Retirement before the Internal F IF THIS DECL	Revenue Service is limit ARATION OF REPR	ESENTATIVE IS NOT actions.	Signature	, THE POWER OF ATTORNEY W		
k I r	Enrolled Retirement before the Internal F IF THIS DECL BE RETURNED. signation—Insert	ARATION OF REPR See the Part II instru Jurisdiction (state)	ESENTATIVE IS NOT actions.				
k I r	Enrolled Retirement before the Internal F IF THIS DECL BE RETURNED. signation—Insert	ARATION OF REPR See the Part II instru Jurisdiction (state)	ESENTATIVE IS NOT actions.				
k I r	Enrolled Retirement before the Internal F IF THIS DECL BE RETURNED. signation—Insert	ARATION OF REPR See the Part II instru Jurisdiction (state)	ESENTATIVE IS NOT actions.				

Line 9, Signature of Taxpayer(s) – In order to receive representational authority, the taxpayer must sign and date the Form 2848.

PART II - Declaration of Representative

– Provide the correct designation level of the representative (A, B, C, D, E, F, G, H, K, L or R), Jurisdiction (state) and/or Enrollment Number. The representative(s) must sign and date the Form 2848. The number of days between the taxpayer and representative signatures cannot exceed 45 days for domestic or 60 days for international unless the taxpayer signs after the representative.