



# IL-2848-AH Power of Attorney For Administrative Hearing Proceedings

## Read this information first

If you do not have a Form IL-2848, Power of Attorney, on file, you must file this original form, in person or by mail, with the Office of Administrative Hearings. This form allows you to become the official representative of record for the identified protested tax matter and to establish your authority to act on behalf of this taxpayer, receive notices, and file documents for the identified proceeding. You must be an attorney to represent a taxpayer at an administrative hearing or other preliminary proceedings, including status calls and pretrial conferences. Please type or print when completing this form and mail to one of our offices below.

OFFICE OF ADMINISTRATIVE HEARINGS (7-900)  
ILLINOIS DEPARTMENT OF REVENUE  
100 W RANDOLPH ST  
CHICAGO IL 60601-3274

OFFICE OF ADMINISTRATIVE HEARINGS (5-500)  
ILLINOIS DEPARTMENT OF REVENUE  
101 W JEFFERSON ST  
SPRINGFIELD IL 62794-9044

## Step 1: Complete the following taxpayer information

- 1 \_\_\_\_\_  
Taxpayer's name
- 2 \_\_\_\_\_  
Mailing address
- 3 \_\_\_\_\_  
City State ZIP
- 4 Write all applicable taxpayer identification numbers.  
IBT number \_\_\_\_\_ - \_\_\_\_\_  
FEIN \_\_\_\_\_ - \_\_\_\_\_  
SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Account number \_\_\_\_\_  
License number \_\_\_\_\_

## Step 2: Complete the following representative information

- 5 \_\_\_\_\_  
Representative's name
  - 6 \_\_\_\_\_  
Firm name, if applicable
  - 7 \_\_\_\_\_  
Mailing address
  - 8 \_\_\_\_\_  
City State ZIP
  - 9 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone number Fax number
  - 10 Identify the type of proceeding. (Check all that apply.)  
\_\_\_\_\_ Informal review \_\_\_\_\_ Hearing
  - 11 Identify the type of protested item. (Check all that apply.)  
\_\_\_\_\_ Assessment \_\_\_\_\_ Deficiency  
\_\_\_\_\_ Revocation \_\_\_\_\_ Penalty \_\_\_\_\_ Claim  
\_\_\_\_\_ Other \_\_\_\_\_  
Type of protested item
  - a Issue date of protested items \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - b Periods covered \_\_\_\_\_
  - c Assessment or notice numbers, if any \_\_\_\_\_
- (If needed, attach additional sheets to identify Items a, b, and c.)

## Step 3: Taxpayer's signature

I, the undersigned taxpayer, authorize the party identified in Step 2 to represent me with full power and authority at the identified proceeding. I authorize all further notices and written documents, including confidential information, pertinent to this proceeding to be sent to the representative's address listed in Step 2. If signing as a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer identified in Step 1.

\_\_\_\_\_  
Taxpayer's signature Title, if applicable Date

## Step 4: Representative's signature

I, the undersigned, affirm that the taxpayer identified in Step 1 has authorized me as representative for the identified proceeding and that I am an attorney, either

- in good standing of the Illinois Bar; or
- admitted (or am seeking admission) *pro hac vice* for this Illinois proceeding.

\_\_\_\_\_  
Printed name of representative Jurisdiction or states Representative's signature Date

