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

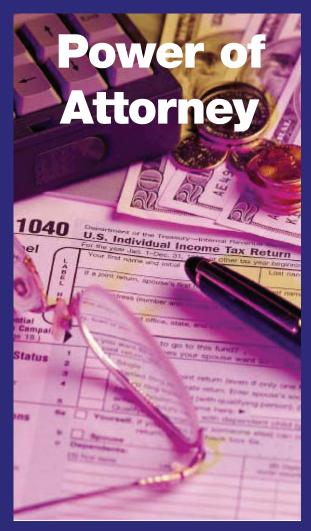
Philadelphia Accounts Management Center

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.

Depart Interna	Power of Attorney and Declaration of Representative spectment of the Trissory ▶ Type or print. ▶ See the separate instructions.					OMB No. 1545-0150 For IRS Use Only Received by: Name		
Pa	Power of Attorney Caution: Form 2848 will not be honored	for any numo	se other th	an representation before	the IRS	Telephone		
1	Taxpayer information. Taxpayer(s) must sign an				ino mio.	Date / /		
Taxpayer name(s) and address			Social security number(s)		r(s) Emp numi	loyer identification ber		
				Daytime telephone num	ber Plan	number (if applicable)		
herel	by appoint(s) the following representative(s) as atto	orney(s)-in-fact	:	,				
2	Representative(s) must sign and date this form	on page 2, Pa	rt II.					
	e and address		Check if r	CAF No. Telephone No. Fax No. new: Address Tele				
Nam	ne and address			CAF No. Telephone No. Fax No.				
Nam	ne and address		Check ii i	CAF No				
to re	epresent the taxpayer(s) before the Internal Revenue	e Service for t			ephone No.	Fax No.		
3	Tax matters							
_	Type of Tax (Income, Employment, Excise, etc or Civil Penalty (see the instructions for line 3)	.)	Tax I (1040,	Form Number 941, 720, etc.)	(see the i	r(s) or Period(s) nstructions for line 3)		
4	Specific use not recorded on Centralized Authorheck this box. See the instructions for Line 4. 5	orization File Specific Uses	(CAF). If the Not Record	power of attorney is for a ed on CAF	specific use r	ot recorded on CAF,		
5	Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or or documents. The authority does not include the power to review refund checks (see line B blow), the power to substitute another represents or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or reinformation to a third party. See the line 6 instructions for more information.							
	Exceptions. An unerrolled return prepare cannot sign any document for a taxpayer and may only represent taxpayers in limited situation. See Unernoticed Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled reterment plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line is first instructions for restrictions on tax matters partners. In most case the student practitioner's (levels k and f) authority is limited (for example, they may only practice under the supervision of another practitions.)							
	List any specific additions or deletions to the acts otherwise authorized in this power of attorney:							
6	Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refu checks, initial here and list the name of that representative below.							
	Ground, settlet riese	marie or dial	- Chiesenigii	o bolow.				

₋ine 7.	. Notices	and (Communi	ications –

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.

rej			tices and other written of	communications will be s	sent to you and a copy to the f	irst	
a If	presentative listed		lieted to receive a conv	of notices and commun	ications chack this hov		
8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power attorney on file with the internal Revenue Service for the same tax matters and years or periods covered by this document. If your want to revoke a prior power of attorney, check here.							
Y	DU MUST ATT	ACH A COPY OF AN	Y POWER OF ATTO	RNEY YOU WANT T	O REMAIN IN EFFECT.		
oti tru	nerwise, see the i stee on behalf of	nstructions. If signed b the taxpayer, I certify t	y a corporate officer, pa that I have the authority	both husband and wife rtner, guardian, tax matt to execute this form on RNEY WILL BE RETU		ion is reque , administrate	
		Signature		Date	Title (if applica	able)	
	Print Na	me	PIN Number	Print name of tax	spayer from line 1 if other th	nan individu	
		Signature		Date	Title (if applica	able)	
	Print Na	me	PIN Number				
Part II		on of Representa					
l am of a Att b Ce c En d Off e Ful f Fan prs h Un 10. Re k Stu 10. I Stu 10. r En	me of the followin ormey—a membe triffied Public Acc rolled Agent—enr licer—a bona filde II-Time Employee milly Member—a i rolled Actuary—a sctice before the il errolled Return P (7(c) (1)(iii). You in turn Preparer or ident Attorney—s (7(d) of Circular 2: dent CPA—stude (7(d) of Circular 2:	g: in good standing of the ountaint—duly qualified as an agent under officer of the taxpayer—a full-time employee — member of the taxpayer profiled as an actuary by internal Revenue Servic reparer—the authority just have prepared the page 1 of the instruct under the profiled in the profiled profiled in the profiled profiled in the profiled profiled in page 1 of the instruct under two receives per 30.	the bar of the highest couto practice as a certifice the requirements of Cir is organization. Of the taxpayer. Si immediate family (for si immediate family (for the Joint Board for the is limited by section 1 to practice before the Int on the Circuit of the Cir	example, spouse, paren Ernollment of Actuaries 3,0(g) of Circular 230), semal Revenue Service is ne return must be under ore the IRS by virtue of their the IRS by virtue of their		on inenrolled ider section r section	
•	IF THIS DECL	levenue Service is limite ARATION OF REPRI See the Part II instru	ESENTATIVE IS NOT	SIGNED AND DATE	D, THE POWER OF ATTOR	RNEY WIL	
Docine	nation—Insert	Jurisdiction (state)	or	Signature		Date	
	e letter (a-r)	identification					

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.