

ALABAMA DEPARTMENT OF REVENUE Power of Attorney and Declaration of Representative



NOTE: If you have questions concerning the completion of this form, please refer to the instructions for Federal Form 2848 (revised March 2012). Alabama Form 2848A is very similar to the federal form.

CAUTION: A separate Form 2848A should be completed for each taxpayer.

| TAXPAYER NAME AND ADDRESS (Please Type or Print) | | | SOCIAL SECURITY NUMBER | | |
|---|---|---|---|--|---|
| | | | EMPLOYER I | DENTIFICATION N | NUMBER |
| | | | DAYTIME () | TELEPHONE NUM | /BER |
| Hereby appoint(s) the following representative | (s) as attorney(s)-in-fact: | | | | |
| REPRESENTATIVE(S) (Please Type or Print) in Part I, Section 2, the taxpayer authorizes the I | | | | | |
| the authorized representative. All official corres | spondence from the Department will be sen | | | | |
| responsibility to distribute document(s) to their | representative. | | | | |
| NAME AND ADDRESS | | TELEPHONE | NUMBER (|) | |
| | | FAX NUMBER | (|) | |
| NAME AND ADDRESS | | TELEPHONE | NUMBER (|) | |
| | | FAX NUMBER | (|) | |
| NAME AND ADDRESS | | TEL EDUONE | | | |
| | | TELEPHONE | NUMBER (|) | |
| | | FAX NUMBER | l (|) | |
| represent the taxpayer before the Alabama Dep | artment of Revenue for the following tax m | natters: | | | |
| TAX MATTERS | | | | | |
| TYPE OF TAX (Individual, Corporate, Sales, etc.) | TAX FORM NUMBER (40, 20C, 41, 65, etc. | .) | YEAR(S |) or PERIOD(S) | |
| | | | | | |
| | | | | | |
| ACTS AUTHORIZED Unless otherwise provided below, the represer and to perform any and all acts that I can perforsign any agreements, consents, or other docum any amounts paid to the client in connection checks). Additionally, unless the appropriate by request for disclosure of tax returns or return representatives, or sign certain tax returns. | orm with respect to the tax matters describe nents. The representative(s), however, is (a with this representation (including refu box(es) below are checked, the representation | ed on line 3 re) not auth nds by eith ive(s) is (are | , for examp norized to r er electron e) not auth | ble, the authoreceive or negic ic means or orized to exe | ority to gotiate paper ecute a |
| Disclosure to third parties; Substitute | or add representative(s); Sign a return | rn; | | | |
| EXCEPTIONS | | | | | |
| List any specific deletions to the acts otherwise | authorized in this power of attorney: | | | | |
| | | | | | |

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|--|---------------------------------------|----------------------------------|
| 5 RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTO | | |
| The filing of this power of attorney automatically revokes all ear | | |
| Department of Revenue for the <i>same</i> tax matters and years or pe | , | 7 |
| to revoke a prior power of attorney, check here You Must Attach A Copy Of Any Power O | | |
| 6 SIGNATURE OF TAXPAYER | OF ATTORNEY TOU WANT TO KEMAT | N IN EFFECT. |
| If a tax matter concerns a year in which a joint return was filed, | the husband and wife must each f | ile a separate power of attorney |
| even if the same representative(s) is (are) being appointed. If sig | | |
| executor, receiver, administrator, or trustee on behalf of the taxp | | Č . |
| behalf of the taxpayer. | | , |
| ► If this power of attorney is not signed and dated, it will be | returned to the taxpayer. | |
| | | |
| | | |
| | | |
| SIGNATURE | DATE | TITLE (If Applicable) |
| | | |
| | | |
| PRINT NAME | | |
| PART II – DECLARATION OF REPRESENTATIVE | | |
| Under penalties of perjury, I declare that: | | |
| I am not currently under suspension or disbarment from practi- | ice before the Internal Revenue Ser | rvice; |
| • I am aware of regulations contained in Treasury Department C | | |
| practice of attorneys, certified public accountants, enrolled age | | |
| • I am authorized to represent the taxpayer identified in Part I fo | or the tax matter(s) specified there; | and |
| I am one of the following: | | |
| a. Attorney – a member in good standing of the bar of the high | nest court of the jurisdiction showr | n 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.
- f. Family Member a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
- **g.** Enrolled Actuary enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
- h. Unenrolled Return Preparer an unenrolled return preparer under section 10.7(c)(1)(viii) of Treasury Department Circular No. 230.
- i. Registered Tax Return Preparer registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled and return preparers in the instructions.
- j. Student Attorney or CPA receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
- k. Enrolled Retirement Plan Agent enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ If this declaration of representative is not signed and dated, the power of attorney will be returned.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "jurisdiction" column.

| DESIGNATION – INSERT ABOVE LETTER (a-k) | JURISDICTION (State) or ENROLLMENT CARD NO. | SIGNATURE | DATE |
|--|---|-----------|------|
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