

**Form IL-2848-A****Power of Attorney Additional Information**

Attachment # \_\_\_\_\_

Form IL-2848, Step 5, signature date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Taxpayer's Name (person or business)

FEIN, SSN, or Illinois Account ID

**Power of Attorney Information**Check **one** box:☐

Attorney

☐

Certified Public Accountant

☐

Enrolled Agent

☐(Complete Step 6  
Other of Form IL-2848)

Power of Attorney's name

Firm Name

Identification Number (Attorney License, PTIN, FEIN, SSN)

Email Address

Power of Attorney's Street Address

City

State

ZIP

( )

Daytime Phone Number

( )

Fax Number

**If your Power of Attorney is an attorney, certified public accountant, or enrolled agent, the Power of Attorney must complete this section:***I declare that I am not currently under suspension or disbarment, and that I am*

- a member in good standing of the highest court of the jurisdiction indicated;

*or*

- duly qualified to practice as a certified public accountant in the jurisdiction indicated;

*or*

- enrolled as an agent pursuant to the requirements of United States Treasury Circular #230.

Power of Attorney Signature

Date

Power of Attorney Printed Name

Jurisdiction

**Power of Attorney Information**Check **one** box:☐

Attorney

☐

Certified Public Accountant

☐

Enrolled Agent

☐(Complete Step 6  
Other of Form IL-2848)

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Power of Attorney Signature

Date

Power of Attorney Printed Name

Jurisdiction



Taxpayer's Name (person or business)

FEIN, SSN, or Illinois Account ID

### Power of Attorney Information

Check **one** box: ☐ Attorney ☐ Certified Public Accountant ☐ Enrolled Agent ☐ Other (Complete Step 6 of Form IL-2848)

Power of Attorney's name

Firm Name

Identification Number (Attorney License, PTIN, FEIN, SSN)

Email Address

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*or*
- *enrolled as an agent pursuant to the requirements of United States Treasury Circular #230.*

Power of Attorney Signature

Date

Power of Attorney Printed Name

Jurisdiction

### Power of Attorney Information

Check **one** box: ☐ Attorney ☐ Certified Public Accountant ☐ Enrolled Agent ☐ Other (Complete Step 6 of Form IL-2848)

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Power of Attorney Signature

Date

Power of Attorney Printed Name

Jurisdiction

### Power of Attorney Information

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Date

Power of Attorney Printed Name

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