



Attachment # ___

Form IL-2848, Step 5, signature date / dd /yyyy		
Taxpayer's Name (person or business)	FEIN, SSN, or Illinois Account ID	
Power of Attorney Information		
Check one box: Attorney Certified Public Ad	ccountant 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, I declare that I am not currently under suspension or disbarment, and a member in good standing of the highest court of the jurisdiction or duly qualified to practice as a certified public accountant in the jurisdiction indicated; or	that I am	ney must complete this section:
 enrolled as an agent pursuant to the requirements of United States Treasury Circular #230. 	Power of Attorney Printed Name	Jurisdiction
Power of Attorney Information Check one box: Attorney Certified Public Ac	ccountant 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, I declare that I am not currently under suspension or disbarment, and a member in good standing of the highest court of the jurisdiction 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	that I am	Date
States Treasury Circular #230.	Power of Attorney Printed Name	Jurisdiction



Taxpayer's Name (person or business) FEIN, SSN, or Illinois Account ID **Power of Attorney Information** (Complete Step 6 Other of Form IL-2848) Check one box: Certified Public Accountant **Enrolled Agent** 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; duly qualified to practice as a certified public accountant in the Power of Attorney Signature Date jurisdiction indicated; enrolled as an agent pursuant to the requirements of United States Treasury Circular #230. Power of Attorney Printed Name Jurisdiction **Power of Attorney Information** (Complete Step 6 of Form IL-2848) Certified Public Accountant **Enrolled Agent** Check one box: Other Firm Name Power of Attorney's 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; duly qualified to practice as a certified public accountant in the Power of Attorney Signature Date jurisdiction indicated; enrolled as an agent pursuant to the requirements of United States Treasury Circular #230. Power of Attorney Printed Name Jurisdiction **Power of Attorney Information** (Complete Step 6 Check one box: Attorney Certified Public Accountant **Enrolled Agent** Other of Form IL-2848) Power of Attorney's name Firm Name Identification Number (Attorney License, PTIN, FEIN, SSN) **Email Address** City Power of Attorney's Street Address State ZIP Fax Number **Davtime Phone 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; duly qualified to practice as a certified public accountant in the Power of Attorney Signature Date jurisdiction indicated; enrolled as an agent pursuant to the requirements of United States Treasury Circular #230. Power of Attorney Printed Name Jurisdiction