



# IL-2848 Power of Attorney

## Read this information first

Attach a copy of this form to each specific tax return or item of correspondence for which you are requesting power of attorney. You or your representative may also be required to provide a copy of this form when contacting the Illinois Department of Revenue. If you do not properly complete this form, you will be required to submit a new IL-2848.

### Step 1: Complete the following taxpayer information (\* indicates required field)

<b>1</b> _____ Taxpayer's name*	<b>3</b> _____ Taxpayer's street address
<b>2</b> _____ Taxpayer's identification number(s)*	_____ City State ZIP

### Step 2: Complete the following information (\* indicates required field)

**4** The taxpayer named above appoints the following representatives as attorneys-in-fact:

Name*	Name*	Name*
Name of firm	Name of firm	Name of firm
Street address*	Street address*	Street address*
City* State* ZIP*	City* State* ZIP*	City* State* ZIP*
( )	( )	( )
Daytime phone number*	Daytime phone number*	Daytime phone number*
E-mail address	E-mail address	E-mail address
Specific tax type* Year or period*	Specific tax type* Year or period*	Specific tax type* Year or period*

The attorneys-in-fact named above shall have, subject to revocation, full power and authority to perform any act that the principals can and may perform, including the authority to receive confidential information. If you wish to limit the power of the attorneys-in-fact, specify the actions they **may not** perform on Line 5.

**5** The attorneys-in-fact named above **do not** have the power to do the following:

*Check only the items below you **do not** wish to grant.*

- endorse or collect checks in payment of refunds.
- receive checks in payment of any refund of Illinois taxes, penalties, or interest.
- execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.
- execute consents extending the statutory period for assessments or collection of taxes.
- delegate authority or substitute another representative.
- file a protest to a proposed assessment.
- execute offers in compromise or settlement of tax liability.
- represent the taxpayer before the Illinois Department of Revenue in all proceedings including hearings (requiring representation by an attorney) pertaining to matters specified above.
- obtain a private letter ruling on behalf of the taxpayer.
- perform other acts. (explain) \_\_\_\_\_

**6** This power of attorney revokes all prior powers of attorney on file with the Illinois Department of Revenue with respect to the same matters and years or periods covered by this form, except for the following:

Name	Name	Name
Street address	Street address	Street address
City State ZIP	City State ZIP	City State ZIP
( )	( )	( )
Daytime phone number	Daytime phone number	Daytime phone number
Date granted	Date granted	Date granted



7 Copies of notices and other written communications addressed to the taxpayer in proceedings involving the matters listed on the front of this form should be sent to the following:

_____ Name	_____ Name	_____ Name
_____ Street address	_____ Street address	_____ Street address
_____ City	_____ City	_____ City
_____ State	_____ State	_____ State
_____ ZIP	_____ ZIP	_____ ZIP
(_____)_____ Daytime phone number	(_____)_____ Daytime phone number	(_____)_____ Daytime phone number

**Step 3: Complete the following if the power of attorney is granted to an attorney, a certified public accountant, or an enrolled agent**

I declare that I am **not** currently under suspension or disbarment and that I am

- a member in good standing of the bar of the highest court of the jurisdiction indicated below; or
- duly qualified to practice as a certified public accountant in the jurisdiction indicated below; or
- enrolled as an agent pursuant to the requirements of United States Treasury Department Circular Number 230.

Check one: <input type="checkbox"/> Attorney <input type="checkbox"/> C.P.A. <input type="checkbox"/> Enrolled agent	_____	_____	_____
	Jurisdiction (state(s), etc.)	Signature	Date
Check one: <input type="checkbox"/> Attorney <input type="checkbox"/> C.P.A. <input type="checkbox"/> Enrolled agent	_____	_____	_____
	Jurisdiction (state(s), etc.)	Signature	Date
Check one: <input type="checkbox"/> Attorney <input type="checkbox"/> C.P.A. <input type="checkbox"/> Enrolled agent	_____	_____	_____
	Jurisdiction (state(s), etc.)	Signature	Date

**Step 4: Taxpayer's signature**

If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.

_____ Taxpayer's signature	_____ Print name	_____ Title, if applicable	_____ Date
_____ Spouse's signature	_____ Print name	_____ Title, if applicable	_____ Date
_____ If corporation or partnership, signature of officer or partner	_____ Print name	_____ Title, if applicable	_____ Date

**Complete the following if the power of attorney is granted to a person other than an attorney, a certified public accountant, or an enrolled agent**

If the power of attorney is granted to a person other than an attorney, a certified public accountant, or an enrolled agent, this document must be witnessed or notarized below. Please check and complete **one** of the following:

Any person signing as or for the taxpayer

- is known to and this document is signed in the presence of the two disinterested witnesses whose signatures appear here.

_____ Signature of witness	_____ Date
_____ Signature of witness	_____ Date

- appeared this day before a notary public and acknowledged this power of attorney as his or her voluntary act and deed.

_____ Signature of notary	_____ Date
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**Notary seal**

