



IL-2848-E Power of Attorney for Electronic Processing

Read this information first

You must use this form if you are a designated agent (*e.g.*, service group, CPA, or other agent) who makes electronic tax payments to the State of Illinois for your clients. **This form is required only if your client did not provide an authorized signature on Form EFT-1, Authorization Agreement for Electronic Funds Transfer.** You must keep this form in your books and records and make it available to us if we request.

Step 1: Taxpayer information

Business Taxpayer

Name _____
 Business name _____ Owner's name _____

Address _____
 Street _____ FEIN _____ - _____ - _____

City _____ State _____ ZIP _____ IBT no. _____ - _____ - _____

Individual Taxpayer

Name _____
 First name and middle initial _____ Spouse's first name and middle initial _____ Last name _____

Address _____
 Street _____ SSN _____ - _____ - _____
 Primary SSN

City _____ State _____ ZIP _____ SSN _____ - _____ - _____
 Secondary SSN

Step 2: Designated agent information

Authorization is granted to the designated agent identified below to initiate electronic tax payments to the State of Illinois on our behalf.

Name _____
 Designated agent's business name _____ Designated agent's name _____

Address _____
 Street _____ Authorized designated agent's signature _____

City _____ State _____ ZIP _____ Date _____

Step 3: Tax type or fee for participation (Check all that apply.)

Authorization is granted to the designated agent identified above to initiate the following electronic tax payments to the State of Illinois on our behalf.

- | | |
|--|--|
| 1 Corporate Income: _____ IL-1120-ES _____ IL-505-B | 6 Elect. Dist. & Invested Capital: _____ ICT-1 _____ ICT-4 |
| 2 Withholding Income: _____ IL-501 | 7 Revenue Gas: _____ RPU-50 _____ RG-1 |
| 3 Individual Income: _____ IL-1040-ES _____ IL-505-I | 8 Public Utilities: _____ RPU-50 _____ RPU-13 |
| 4 Sales and Use: _____ RR-3 _____ ST-1 | 9 Telecommunications Excise: _____ RPU-50 _____ RT-2 |
| 5 Prepaid Sales: _____ PST-3 _____ PST-1 | 10 Telecom. Infrastructure Maintenance: _____ RT-10 |

Step 4: Taxpayer's signature

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

Taxpayer's signature _____ Title _____ Date _____

Signature for the taxpayer _____ Title _____ Date _____