

State of Rhode Island and Providence Plantations
Form RI-2848
 Power of Attorney



14103988880101

Taxpayer name		Social security or federal identification number	
Address		City, town or post office	State ZIP code
Taxpayer name		Social security or federal identification number	
Address		City, town or post office	State ZIP code

hereby appoints:

Power of Attorney name		Telephone number	
Address		City, town or post office	State ZIP code
Power of Attorney name		Telephone number	
Address		City, town or post office	State ZIP code

as attorney(s)-in-fact to represent the taxpayer(s) before the office of the State of Rhode island, Division of Taxation, for the following state matters (specify the type(s) of tax and year(s) or period(s) (date of death if this is for estate tax)):

The attorney (s)-in-fact (or either of them) are authorized, subject to revocation, to receive confidential information and to perform on behalf of the taxpayer (s) the following acts for the above tax matters:

Check off any of the following which are NOT granted.

- To receive, but not to endorse and collect, checks in payment of any refund of state taxes, penalties or interest.
- To 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.
- To execute consents extending the statutory period for assessment or collection of taxes. To execute closing agreements.
- To represent taxpayer (s) at preliminary reviews and administrative hearings. (Must be an attorney, person authorized by law to practice accountancy, or partner or corporate officer of taxpayer as provided by the Administrative Hearing Procedures.)
- Other acts (specify) _____

Notices and other written communications in proceedings involving the above matters shall be sent to the above named attorney (s) so long as this power of attorney remains in effect.

Copies to be sent to the taxpayer (s).

This power of attorney revokes all earlier powers of attorney and tax information authorizations on file with the Division of Taxation office for the same matters and years or periods covered by this form, except the following (Specify to whom granted, date granted, and address including ZIP code; or refer to attached copies of earlier powers and authorizations):

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

Taxpayer signature	Print name	Title (if applicable)	Date
Taxpayer signature	Print name	Title (if applicable)	Date

