

**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.  
**Do not send this form separately.**

**Step 1: Complete the following taxpayer information**

1 \_\_\_\_\_ 3 \_\_\_\_\_  
Taxpayer's name Taxpayer's street address

2 \_\_\_\_\_  
Taxpayer's identification number(s) City State ZIP

**Step 2: Complete the following information**

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

5 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.

The attorneys-in-fact named above **do not** have the power to – *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 State ZIP	City State ZIP	City State ZIP
( )	( )	( )
Daytime phone number	Daytime phone number	Daytime phone number

Step 3: 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	Title, if applicable	Date
Spouse’s signature	Title, if applicable	Date
If corporation or partnership, signature of officer or partner	Title, if applicable	Date

Step 4: 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.

Designation (attorney, C.P.A., enrolled agent)	Jurisdiction (state(s), etc.)	Signature	Date
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Step 5: 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

