

PART I – POWER OF ATTORNEY

ALABAMA DEPARTMENT OF REVENUE Power of Attorney and Declaration of Representative



NOTE: If you have questions concerning the completion of this form, please refer to the instructions for Federal Form 2848 (revised March 2012). Alabama Form 2848A is very similar to the federal form.

CAUTION: A separate Form 2848A should be completed for each taxpayer.

TAXPAYER INFORMATION					
TAXPAYER NAME AND ADDRESS (Please Type or Print)			SOCIAL S	SOCIAL SECURITY NUMBER	
			EMPLOYER ID	DENTIFICATION NUMBE	
			DAYTIME TELEPHONE NUMBER		
			()		
Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:				
REPRESENTATIVE(S) (Please Type or Print) in Part I, Section 2, the taxpayer authorizes the Discharge authorized representative. All official corresponsibility to distribute document(s) to their responsibility.	Department to discuss or share information pondence from the Department will be se	n specificall	y listed in Pa	rt I, Section 3 wi	
NAME AND ADDRESS		TELEPHONE	E NUMBER ()	
		FAX NUMBE	ER ()	
NAME AND ADDRESS					
		TELEPHONE	ENUMBER ()	
		FAX NUMBE	ER ()	
NAME AND ADDRESS		TELEPHONE NUMBER ()			
		FAX NUMBE	ER ()	
represent the taxpayer before the Alabama Depa	artment of Revenue for the following tax r	natters:			
TAX MATTERS TYPE OF TAX (Individual, Corporate, Sales, etc.)	TAY FORM NUMBER (40, 200, 44, 65, 242)		YEAR(S) or PERIOD(S)		
TTPE OF TAX (ilitilification, Corporate, Sales, etc.)	TAX FORM NUMBER (40, 20C, 41, 65, etc	<i>i.</i>)	TEAN(3)	or PENIOD(S)	
ACTS AUTHORIZED Unless otherwise provided below, the represent and to perform any and all acts that I can perform any agreements, consents, or other documents any amounts paid to the client in connection checks). Additionally, unless the appropriate be request for disclosure of tax returns or return representatives, or sign certain tax returns.	rm with respect to the tax matters describents. The representative(s), however, is (a with this representation (including refuox(es) below are checked, the representation)	ped on line are) not aut ands by eith tive(s) is (at	3, for examp! thorized to re her electronine) not author	le, the authority eceive or negotia c means or paporized to execute	
☐ Disclosure to third parties; ☐ Substitute of	or add representative(s);	ırn;			
EXCEPTIONS					
list any enegific deletions to the acts otherwise s					
List arry specific defending to the acts otherwise a	nuthorized in this power of attorney:				
List any specific defendits to the acts otherwise a	nuthorized in this power of attorney:				

FORM 2848A (REV. 2/17)			PAGE
5 RETENTION / REVOCATION OF PRIOR PO		C (11	
The filing of this power of attorney automatic	•	•	
Department of Revenue for the <i>same</i> tax matter			
to revoke a prior power of attorney, check her	Y OF ANY POWER OF ATTORNEY YO		
6 SIGNATURE OF TAXPAYER	TOTAINTTOWER OF ATTORNET TO	OC WANT TO KEWIA	III III EFFECT.
If a tax matter concerns a year in which a joint	return was filed, the husband ar	d wife must each	file a separate power of attorney
even if the same representative(s) is (are) bein			
executor, receiver, administrator, or trustee or	behalf of the taxpayer, I certify t	hat I have the aut	hority to execute this form on
behalf of the taxpayer.			
► If this power of attorney is not signed and	I dated, it will be returned to the	e taxpayer.	
SIGNATURE		DATE	TITLE (If Applicable)
PRINT NAME			
PART II – DECLARATION OF REPRESENTA	rive		
	IVE		
Under penalties of perjury, I declare that:		. 10 0	
I am not currently under suspension or disb	_		
I am aware of regulations contained in Treas practice of attornoys, contified public account			
 practice of attorneys, certified public accoun I am authorized to represent the taxpayer id	_		
 I am one of the following: 	entined in rait rior the tax matter	(s) specified there	, allu
a. Attorney – a member in good standing of	the har of the highest court of the	jurisdiction show	n helow
b. Certified Public Accountant – duly qualif	_		
c. Enrolled Agent – enrolled as an agent un	*		
d. Officer – a bona fide officer of the taxpayo	•	Separtificiti Circu	140. 250.
e. Full-Time Employee – a full-time employ	_		
f. Family Member – a member of the taxpay	* *	e narent child br	other or sister)
g. Enrolled Actuary – enrolled as an actuary	• •	•	
authority to practice before the Service is	•		
h. Unenrolled Return Preparer – an unenrol	-		
No. 230.	rr grade section		
i. Registered Tax Return Preparer – register Your authority to practice before the Inter-	rnal Revenue Service is limited. Yo	ou must have beer	n eligible to sign the return under

- unenrolled and return preparers in the instructions.
- j. Student Attorney or CPA receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
- k. Enrolled Retirement Plan Agent enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ If this declaration of representative is not signed and dated, the power of attorney will be returned.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "jurisdiction" column.

DESIGNATION – INSERT ABOVE LETTER (a-k)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE