



## Read this information first

Submit your completed form to **REV.POA@illinois.gov**. Do *not* attach to your tax return. You also may be required to provide a copy of this form to a representative of the Illinois Department of Revenue. This power of attorney automatically expires 10 years from the date it is signed. If you do not properly complete this form, you will be required to submit a new Form IL-2848. See the instructions for additional information. **Note:** A separate form may need to be completed for each taxpayer. An asterisk (\*) below indicates a required field.

Name of individual or business*		Identification number (i.e., FEIN or SSN)* - All nine digits required.  Illinois Account ID (if known)			
Street address*					
		_ ()			
City*	State* ZIP*	Daytime phone number*			
tep 2: Identify the authorize	d agent or fiduciary	executing this form - Signature	required in Step 6		
e taxpayer is authorizing the power of at	torney and the taxpayer is a rney, do <i>not</i> complete this fo	ust, or estate ( <i>i.e.</i> , not an individual taxpaye n individual. If you are not the taxpayer an rm. Instead complete Form IL-56, Notice o	d you already have been		
Name*		Title*			
Street address*		()			
City*	State* ZIP*	 Email address			
O. Islambifo the management		vo representatives, list the total number he			
Name of individual*  Check one: (if applicable) Attorney CPA  Name of firm, if applicable	Enrolled agent	Name of individual*  Check one: (if applicable)  Attorney  CPA  Name of firm, if applicable	Enrolled agent		
Identification number (Attorney License No.,	PTIN, FEIN, or SSN)* - See ins	Identification number (Attorney License No., PTIN, FEIN, or SSN)* - See instr			
Street address*		Street address*			
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Email address		Email address			
Check this box if you want to author duplicate copies of notices to the re	•	Check this box if you want to auth duplicate copies of notices to the it	•		
<ul> <li>I declare that I am <b>not</b> currently un</li> <li>a member in good standing of</li> <li>duly qualified to practice as a contraction</li> </ul>	der suspension or disbarme the bar of the highest court ertified public accountant in	nat the representative is an attorney, CF ent and that I am of the jurisdiction indicated below; or the jurisdiction indicated below; or d States Treasury Department Circular Nu			
Signature of representative	Date	Signature of representative	Date		
Print name	Jurisdiction (state(s), etc.)	Print name	Jurisdiction (state(s), etc.)		

oreh (	5. Ider	ds covered. If you do <u>not</u> want to revoke prior powers on tify the tax matters and the type of ap	nointment -	- Designate the Tay Matters to	n which the newer of
Tax Matters			pomimem –	attorney applies and the Typ	•
Tax 1	Гуре/Тах	Form(s) or Notices*		Tax Year(s) or Filing Period	(s)*
Tax 1	Гуре/Тах	Form(s) or Notices		Tax Year(s) or Filing Period	(s)
Tax 1	Гуре/Тах	Form(s) or Notices		Tax Year(s) or Filing Period	(s)
Туре о	f Appo	intment — Check either General or Specific Appoi	ntment. Do <u>not</u> cl	heck both boxes. See instructio	ons.
П	General	Appointment			
The a	attorneys	s-in-fact named above shall have, subject to revocatio including the authority to receive and discuss confide	•		
	Specific	Appointment			
of Re	evenue c	s-in-fact named above shall have, subject to revocatio onfidential information for the tax matters listed above designated below. (Check the following, as applicable	and to perform of	=	· · · · · · · · · · · · · · · · · · ·
[	Yes	Endorse or collect checks in payment of refunds.			
Ī	_	Receive checks in payment of any refund of Illinois	axes, penalties, c	r interest.	
[		Execute waivers (including offers of waivers) of rest of notice of disallowance of a claim for credit or refu	rictions on assess		es in tax and waivers
[	Yes	Execute consents extending the statutory period for	assessments or o	collection of taxes.	
Ī	Yes	Delegate authority or substitute another representat	ve.		
[	Yes	Execute offers in compromise or settlement of tax lia	ability.		
[	Yes	Represent the taxpayer before the Illinois Departme Tribunal (requiring representation by an attorney).	nt of Revenue in a	administrative hearings or the I	llinois Independent Ta
[	Yes	Represent the taxpayer before the Illinois Departme as proceedings before the Informal Conference Boa		<u> </u>	strative hearings, such
[	Yes	Obtain a private letter ruling on behalf of the taxpaye	er.		
Г	Yes	Other (Please describe.)			
		<b>nature (Required) -</b> This form <u>must</u> be signed i			
If sign	ning as a	a corporate officer, partner, fiduciary, or individual on benney on behalf of the taxpayer.	nt name*	Title, if applicable	Date*
If sign powe Taxpa	ning as a er of atto	a corporate officer, partner, fiduciary, or individual on be string on behalf of the taxpayer.  nature*  Pri	·	Title, if applicable	
If sign power	ning as a er of attor ayer's Sig	a corporate officer, partner, fiduciary, or individual on braney on behalf of the taxpayer.  Printure (required if spouse is listed in Step 1)	nt name*		Date*
Taxpa Spous Compan er	ning as a er of attor ayer's Sig se's signa plete the nrolled a	a corporate officer, partner, fiduciary, or individual on be received in the taxpayer.  Printure (required if spouse is listed in Step 1)  Printure (required if any representative listed in Step 3 is agent.	nt name* nt name a person other t	han an attorney, a certified p	Date*  Date  Date  ublic accountant, or
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Taxpa  Spous  Compan er  If the must	ning as a ser of attomayer's Signate se's signate the power of the witness of the signature	a corporate officer, partner, fiduciary, or individual on be riney on behalf of the taxpayer.  Printure (required if spouse is listed in Step 1)  Printure (required if any representative listed in Step 3 is agent.  Of attorney is granted to a person other than an attorney	nt name*  nt name  a person other t  y, a certified publ	han an attorney, a certified p	Date*  Date  Date  ublic accountant, or
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