FORM 2848-ME	Power of Attorney and Declaration of Representative			PC	Maine Revenue Services PO Box 1060 Augusta, ME 04332	
PART I Power of Attorney 1 Taxpayer information: (Taxpaye	er(s) must	sion and date this form be	low )			
Taxpayer(s) name(s)		,		Fed	Federal Identification Number	
Street Address					Tel	ephone Number
City, State and Zip						
2 Representative(s): Hereby appo	int(s) the	following individuals(s)				
<u>Name</u>			Address			Telephone Number
as attorney(s)-in-fact to represent th of tax and year(s) or period(s) at iss			e Services for the f	ollowing tax	k matt	er(s). Specify the type(s)
3 Tax Matters:						
<u>Type of Tax</u> (Individual, Corporate, Sales, Excise, Etc.)			<u>Maine Form Number</u> 0ME, 1120ME, Sales, Excise, Etc.)		<u>Year(s) or Period(s)</u> (Date of Death if Estate Tax)	
The attorney(s)-in-fact listed above acts that the principal(s) can perform acts otherwise authorized in this po	m with res	spect to the above specified				
<b>4 Notices and Communications.</b> originals or copies of notices and ar matter(s) to the representative first	ny other w	vritten communications cor				
<b>NOTICE:</b> This authorization does n especially computer generated notic						
5 Retention/revocation of prior po of attorney on file with Maine Rever do not want a prior power of attorne	nue Servi ey revoke	ces for the same tax mattered, check here	r(s) and year(s) or p	period(s) co	vered	by this document. If you
(You mus	st attach	a copy of any power of a	ttorney you want	to remain i	n effe	ect.)
6 Signature of or for taxpayer(s): is requested. If signed by a corpora execute this power of attorney on b	ate officer	, partner, or fiduciary on be				
Signature		Title, if applica	ble			Date
Print Name						
Spouse Signature (if applicable)		Title, if applica	ble			Date
Print Name						Over ⇔

## PART II Declaration of Representative

Under penalties of perjury, I declare that I am: (Circle one)

- 1. A member in good standing of the bar of the highest court of the jurisdiction shown below;
- 2. Duly qualified to practice as a certified public accountant in the jurisdiction shown below;
- 3. An enrolled agent enrolled under U. S. Department of Treasury Circular 230;
- 4. A bona fide officer of the taxpayer's organization;
- 5. A full-time employee of the taxpayer;
- 6. A member of the taxpayer's immediate family (spouse, parent, child, brother or sister);
- 7. A fiduciary for the taxpayer;
- 8. Other (Explain)\_\_\_\_\_

Designation (insert appropriate number from list above)	Jurisdiction (state, etc.)	Signature	Date

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.