IA 2848 Iowa Power of Attorney Form
https://tax.iowa.gov

1. Taxpayer Information
Taxpayer(s) must sign and date this form on page 2, section 8.

Taxpayer Name__________________________________________
Social Security Number (SSN)__________________________

Federal Employer Identification Number (FEIN)__________

Taxpayer Address________________________City________State________ZIP_____

If this POA is for a business, provide legal and trade names.
Business Legal Name________________________Business Trade Name________
Business Address________________________City________State________ZIP_____
Phone________________________Email________________________

Spouse is only applicable if you filed joint returns.
Spouse Name__________________________________________
SSN________________________
Spouse Address________________________City________State________ZIP_____
Phone________________________Email________________________

2. Representative(s)
You must include SSN, FEIN, or Preparer’s Tax ID Number (PTIN). Include a schedule for additional representatives. Centralized Authorization File (CAF) numbers and law license numbers are not accepted.

Individual’s Name (Required)
SSN, FEIN, or PTIN of Representative (Required)________
Firm or Company’s Legal Name (for Individual Listed above)________
Mailing Address________________________Fax____________Email____________
Phone________________________

Individual’s Name (Required)
SSN, FEIN, or PTIN of Representative (Required)________
Firm or Company’s Legal Name (for Individual Listed above)________
Mailing Address________________________Fax____________Email____________
Phone________________________

The above representatives are hereby appointed as attorney(s)-in-fact to represent the taxpayer(s) before the Iowa Department of Revenue for the following tax matter(s):

3. Tax Matters
This section is required. List specific taxes.
Tax type, permit, and specifically dated tax periods must be provided.

<table>
<thead>
<tr>
<th>Tax Type</th>
<th>Iowa Tax Permit Number</th>
<th>Beginning Tax Period (MM/YY)</th>
<th>Ending Tax Period (MM/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(See instructions for options)</td>
<td>(Leave blank for income taxes)</td>
<td>(Unlimited prior periods)</td>
<td>(Limited to 3 years from date form is received)</td>
</tr>
</tbody>
</table>

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4. Acts Authorized (Do not name additional representatives in this section.) Representatives are authorized to receive and inspect confidential tax information and to perform any and all acts with respect to the tax matters described in section 3. For example, the representative may negotiate, sign any agreements, consents, or other documents, and represent the taxpayer(s) in any informal and formal proceeding involving the Department. See Instructions for full list of authorized activities. The authority does not include the power to receive refund checks, unless specifically added in section 5 below. List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

Additions: ____________________________

Deletions: ____________________________

5. Receipt of Refund Checks
If you want to authorize a representative named in section 2 to receive, but not to endorse or cash, refund checks, initial here ___________ and list the name of that representative below.

Name of representative to receive refund check(s) ____________________________

6. Notices and Communications
Original notices and other written communications will be sent to you and the taxpayer. A copy will be sent to the first representative listed in section 2.

7. Retention or Revocation of Prior Power(s) of Attorney
The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Iowa Department of Revenue for the same tax matters and tax periods covered by this document.

If you do not want to revoke a prior power of attorney, check here ☐

You must attach a copy of any power of attorney you want to remain in effect.

8. Signature of Taxpayer(s)
If a tax matter concerns a joint individual income tax return, both spouses are required to sign this form, if represented by the same individual(s).

If signed by a corporate officer, partner, member, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer: I certify that I have the authority to execute this form on behalf of the taxpayer.

If the taxpayer is an entity with more than one owner or member, a second signature of a person authorized to legally bind the entity is required.

If this form is not signed and dated, this power of attorney will not be valid. The form will be returned to you.

Signature __________________________ Date __________

Print Name __________________________ Title __________________________

Signature __________________________ Date __________

Print Name __________________________ Title __________________________

Mail to:
Registration Services
Iowa Department of Revenue
PO Box 10470
Des Moines, IA 50306-0470

Or fax to: 515-281-3906

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