



Please complete the following power of attorney of forms so that we may get started on your case. If you are married, EACH SPOUSE NEEDS TO COMPLETE THEIR OWN FORM. See below for instructions. **If you are OUTSIDE OF ILLINOIS, and have a state tax issue**, please email us at [poa@howardtaxprep.com](mailto:poa@howardtaxprep.com) and request a power of attorney form for your state. Once you have completed the form, fax it back to us at 855-578-9854, or email it encrypted to [poa@howardtaxprep.com](mailto:poa@howardtaxprep.com)

### IRS 8821:

1.) Complete Box 1 that reads: **Taxpayer name and address** with your First and Last name, and complete dwelling address (P.O boxes are not allowed).

#### **Example:**

**Ned Flanders**  
**2300 Jackson Street; Gary, In. 46407**

2.) Complete the box directly to the right of box 1 that reads **Taxpayer identification number(s)** with your social security number if a personal tax issue, or with the businesses EIN. Only use the businesses EIN if you are a CORPORATION or a PARTNERSHIP. Again, taxpayer identification means your social security number. **Example Social: 123-45-6789 Example EIN: 12-345-6789**

**3.) STOP. Do not complete any other boxes.** Go directly to the bottom of the page where the form reads signature.

4.) **Sign the form** (write in cursive) by the **BIG RED X** on the line that reads **Signature**. **Date the form** where it reads Date. **Print your name** (non-cursive) on the line under the **signature** line that reads Print Name.

### IL-2848:

1.) **Step 1.** Complete Box Step 1 that reads:

**Name of individual or business:** **Example:** Ned Flanders

**Identification Number:** Please write either your social security number (if a personal tax matter), or the businesses EIN if a corporation or partnership tax matter. **Example:** 123-45-6789

**Street Address:** **Example:** 2300 Jackson Street

**City:** Gary. **State:** IN. **Zip code:** 46407

**Daytime phone number:** **Example:** 773-588-2300

**2.) STOP. Do not complete steps 2-4. Go directly to STEP 5 SIGNATURE (REQUIRED)** at the bottom page 2 where the form reads signature.

**3.) Sign the form** (write in cursive) **by the BIG RED X** on the line that reads **Taxpayers Signature\***. Print your name (non-cursive) on the line that reads **Print Name\***. **Date the form** where it reads **Date\***.

## Tax Information Authorization

▶ Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
 ▶ Don't sign this form unless all applicable lines have been completed.  
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
Daytime telephone number	Plan number (if applicable)

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address TRUDY M HOWARD	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ <b>855-578-9854</b>
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax information.** Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
INCOME	1099	2010-2024	

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 . . . . . ▶

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ▶   
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
Print Name	Title (if applicable)



# Form IL-2848

## Power of Attorney



Check **one** box (See instructions)  **Add:** New POA  **Add:** Additional POA  **Change:** Existing POA  **Remove:** Existing POA

### Step 1 - Taxpayer Information

**X** Taxpayer's name (person or business)

**X** FEIN, SSN, or Illinois Account ID

Spouse's name (if joint income tax return)

Spouse's SSN (if joint income tax return)

Taxpayer's Street Address

City State ZIP

Taxpayer Phone Number

Taxpayer's Email address

Check this box if your authorized agent (corporate officer, partner, or individual on behalf of the taxpayer) or fiduciary is executing this form **and** complete Step 4 in addition to Steps 1, 2, 3, 5, and 6.

### Step 2 - Power of Attorney Information Form IL-2848-A attached \_\_\_\_\_ How many Forms IL-2848-A are attached?

Check **one** box:  Attorney  Certified Public Accountant  Enrolled Agent  Other (Complete Step 6)

Trudy M Howard  
Power of Attorney's name

Howard Tax Prep LLC  
Firm Name

Identification Number (Attorney License, PTIN, FEIN, SSN)

thoward@howardtaxprep.com  
Email Address

1136 S. Delano Ct W. Ste B201-2002  
Power of Attorney's Street Address

Chicago IL 60605  
City State ZIP

( )  
Daytime Phone Number

( 855 ) 578-9854  
Fax Number

Check this box to authorize IDOR to send duplicate copies of notices to the Power of Attorney listed here.

#### If your Power of Attorney is an attorney, certified public accountant, or enrolled agent, the Power of Attorney must complete this section:

I declare that I am not currently under suspension or disbarment, and that I am

- a member in good standing of the highest court of the jurisdiction indicated;  
or
- duly qualified to practice as a certified public accountant in the jurisdiction indicated;  
or
- enrolled as an agent pursuant to the requirements of United States Treasury Circular #230.

\_\_\_\_\_  
Power of Attorney Signature Date

\_\_\_\_\_  
Power of Attorney Printed Name Jurisdiction

### Step 3 - Authority Granted

I grant the above person, and anyone included in the attachment,

**full** authority, authorizing them to act on my behalf in all tax matters with IDOR.

**limited** authority (check only the boxes that apply). By checking boxes, the appointee(s) will be authorized to act on my behalf only for the indicated tax matters. If I do not indicate a specific year or period for a selected tax type, I am granting authority for all years or periods.

Tax Type	Years/Periods	Tax Type	Years/Periods
<input type="checkbox"/> Individual Income Tax	_____	<input type="checkbox"/> Sales and Use Tax	_____
<input type="checkbox"/> Withholding Income Tax	_____	<input type="checkbox"/> Vehicle Use Tax (RUTs)	_____
<input type="checkbox"/> Excise Tax	_____	<input type="checkbox"/> NPL/1002D	_____
<input type="checkbox"/> Business Income Tax	_____	<input type="checkbox"/> Specific Authority Granted. Attach Form IL-2848-B.	

Check this box if the appointee(s) is not authorized to sign tax return.



### Step 4 - Authorized Agent/Fiduciary

If you checked the box in Step 1 indicating that your authorized agent (corporate officer, partner, or individual on behalf of the taxpayer) or fiduciary is executing this form, complete this Step in addition to Steps 1, 2, 3, 5, and 6.

\_\_\_\_\_  
Corporate Officer, Partner, Individual, or Fiduciary Name

\_\_\_\_\_  
Title (Corporate Officer, Partner, Individual, or Fiduciary)

\_\_\_\_\_  
Email Address

( \_\_\_\_\_ )  
\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP

### Step 5 - Signature

This form must be signed by the taxpayer(s) listed in Step 1 unless it is being signed by an authorized agent (corporate officer, partner, or individual on behalf of the taxpayer) or fiduciary who certifies: "That I have the authority to execute this power of attorney on behalf of the taxpayer." **Note:** If the Other box in Step 2 of this form or in any section of Form IL-2848-A, is checked, this section **must** be signed in front of the witnesses or notary as documented in Step 6.



\_\_\_\_\_  
Taxpayer (Authorized Agent/Fiduciary) Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (required if listed in Step 1)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### Step 6 - Witness (if applicable)

If you checked the Other box in Step 2 of this form or in any section of Form IL-2848-A, this section must be completed. This section must be signed by two witnesses **or** notarized for the form to be considered complete.

Any person, signing in Step 5, as or for the taxpayer,

is known by (and this document is signed in the presence of)  
two disinterested witnesses whose printed names and signatures appear here

\_\_\_\_\_  
Signature of Witness Date

\_\_\_\_\_  
Signature of Witness Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed Name of Witness

**OR**

appeared this day before a notary public and acknowledged, by signing in my presence, this power of attorney as his or her voluntary act and deed

\_\_\_\_\_  
Signature of Notary Public Date

**Notary Seal**