

IA 2848 Iowa Power of Attorney Form

https://tax.iowa.gov

Read Instructions before completing this form. Failure to provide all required information will result in this form not being valid and will delay the effective date of the power of attorney (POA). It may take up to four to six weeks to process the form.

1. Taxpayer Information

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

Complete for business Leave SSN blank

Leave Blank

Enter ADP Assoc name. FEIN = 22-3006057 ADP Tax Services Inc. 400 W. Covina Blvd San Dimas, CA 91773 Ph: 877-706-0510 Fax: 909-305-6329 TF\$Agency.CommTea m@adp.com

Tax Type = Withholding IA Tax Permit # = IA SIT ID Beginning Tax Per = 1st Qtr with ADP

Taxpayer Name	Social Security No	umber (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_ Phone Email Individual's Name (Required)_ SSN, FEIN, or PTIN of Representative (Required)_ Firm or Company's Legal Name (for Individual Listed above)_ Mailing Address_ Phone Fax Email

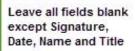
The above representatives are hereby appointed as attorney(s)-in-fact to represent the taxpayer(s) before the Iowa Department of Revenue for the following tax matter(s):

3. Tax Matters This section is required. List specific taxes.

Tax type, permit, and specifically dated tax periods must be provided.

	Tax Type (See Instructions for options)	Iowa Tax Permit Number (Leave blank for Income taxes)	beginning rax renou (MM/TY)	Ending Tax Period (MM/YY) (Limited to 3 years from date form is received)
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See instructions to the right for submission of the IA 2848, Iowa Power of Attorney Form

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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:	
	representative named in section 2 to receive, but not to endorse or cash, refund and list the name of that representative below.
Name of representative to	receive refund check(s)
6. Notices and Communic Original notices and other the first representative liste	written communications will be sent to you and the taxpayer. A copy will be sent to
The filing of this power of	on of Prior Power(s) of Attorney attorney automatically revokes all earlier power(s) of attorney on file with the lowa 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(If a tax matter concerns a represented by the same in	joint individual income tax return, both spouses are required to sign this form, if
	e officer, partner, member, guardian, tax matters partner, executor, receiver, n behalf of the taxpayer: I certify that I have the authority to execute this form on
If the taxpayer is an entity legally bind the entity is red	with more than one owner or member, a second signature of a person authorized to uired.
If this form is not signed you.	and dated, this power of attorney will not be valid. The form will be returned to
Signature	Date
	Title
Signature	
Print Name_	Title

Mail to:

Registration Services lowa Department of Revenue PO Box 10470 Des Moines IA 50306-0470

Or fax to: 515-281-3906

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