IOWA
Department of Revenue

IA 2848-A
Supplemental Iowa Department of Revenue Powers of Attorney

revenue.iowa.gov

Only use this form along with the IA 2848 Iowa Department of Revenue Power of Attorney (14-101) to appoint additional powers of attorney not noted on the IA 2848 Iowa Department of Revenue Power of Attorney (14-101). Submitting this form alone will result in being denied. Incomplete or outdated forms will not be accepted. If any information is illegible, the form will be returned.

1. Taxpayer Information

Legal name: _____

Identification number (complete one):
Individual: Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN): _____

Business: Federal Employer Identification Number (FEIN): _____

2. Additional Representatives

All fields are required. The identification number can include the representative's SSN, ITIN, Preparer's Tax ID Number (PTIN), Centralized Authorization File (CAF), or Iowa Account Number (IAN). For more information, review the instructions page found on the IA 2848 Iowa Department of Revenue Power of Attorney (14-101).
If the "limitation of authority" section is left blank, the representative will be granted authority to all tax types, permits, licenses and tax periods for the identified taxpayer.

1. Individual representative's name: _____
   Representative identification number (required): _____
   ID type, check one: ☐ SSN/ITIN ☐ PTIN ☐ CAF ☐ IAN
   Mailing address: _____
   City: _____ State: _____ ZIP: _____
   Phone: _____ Email: _____
   Limitation of authority (optional):
   Tax type(s) or other matters: _____
   Iowa account or permit number: _____
   Beginning tax period (MM/YY): _____ Ending tax period (MM/YY): _____
   List specific corresponding letter(s) (a-g) of any acts from the list in 'Exclusions' in the instructions of the IA 2848 Iowa Department of Revenue Power of Attorney (14-101) that you do not authorize the representative listed above to perform on your behalf: _____
   Check here if authority only extends to IA 843 refund claims: ☐

2. Individual representative's name: _____
   Representative identification number (required): _____
   ID type, check one: ☐ SSN/ITIN ☐ PTIN ☐ CAF ☐ IAN
   Mailing address: _____
   City: _____ State: _____ ZIP: _____
   Phone: _____ Email: _____
   Limitation of authority (optional):
   Tax type(s) or other matters: _____
   Iowa account or permit number: _____
   Beginning tax period (MM/YY): _____ Ending tax period (MM/YY): _____
   List specific corresponding letter(s) (a-g) of any acts from the list in 'Exclusions' in the instructions of the IA 2848 Iowa Department of Revenue Power of Attorney (14-101) that you do not authorize the representative listed above to perform on your behalf: _____
   Check here if authority only extends to IA 843 refund claims: ☐

3. Individual representative's name: _____

Representative identification number (required): _____

ID type, check one: ☐ SSN/ITIN ☐ PTIN ☐ CAF ☐ IAN

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Limitation of authority (optional):
Tax type(s) or other matters: _____

Iowa account or permit number: _____

Beginning tax period (MM/YY): _____ Ending tax period (MM/YY): _____

List specific corresponding letter(s) (a-g) of any acts from the list in 'Exclusions' in the instructions of the IA 2848 Iowa Department of Revenue Power of Attorney (14-101) that you do not authorize the representative listed above to perform on your behalf: _____

Check here if authority only extends to IA 843 refund claims: ☐

4. Individual representative's name: _____

Representative identification number (required): _____

ID type, check one: ☐ SSN/ITIN ☐ PTIN ☐ CAF ☐ IAN

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Limitation of authority (optional):
Tax type(s) or other matters: _____

Iowa account or permit number: _____

Beginning tax period (MM/YY): _____ Ending tax period (MM/YY): _____

List specific corresponding letter(s) (a-g) of any acts from the list in 'Exclusions' in the instructions of the IA 2848 Iowa Department of Revenue Power of Attorney (14-101) that you do not authorize the representative listed above to perform on your behalf: _____

Check here if authority only extends to IA 843 refund claims: ☐

3. Signature

Individual, sole proprietor, single member LLC: The taxpayer must sign.

Other Representatives: A person with a valid Representative Certification Form (14-108) on file with the Department must sign. See IA 2848 Iowa Department of Revenue Power of Attorney (14-101) instructions for additional details.

I, the undersigned, declare under penalties of perjury or false certificate, that I am the person listed as "Taxpayer" above or otherwise have authority to sign this form. I hereby authorize the representative(s) listed above to act on my behalf before the Department.

Signature must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Signature: _____ Date: _____

Print name: _____ Title: _____

This form must be submitted with the IA 2848 Iowa Department of Revenue Power of Attorney (14-101) and must be submitted within six months from the date signed or it will not be accepted.

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