

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 may result in being denied. Incomplete or outdated forms will not be accepted. If any in

1. T	mation is illegible, the axpayer information								
Lega	al name:								
	itification number (com vidual: Social Security			lividual Taxpayer	dentification Number (IT	IN):			
Busi	iness: Federal Employ	er Identifica	ation Num	ber (FEIN):					
All fi Num	nber (PTIN), Centralize	identificat ed Authoriz	zation File	(CAF), or Iowa A	representative's SSN, IT Account Number (IAN). I ent of Revenue Power of	For more information,			
1. I	ndividual representative's name:								
	epresentative identification number (required):								
I	D type, check one:	SSN/IT	IN □	PTIN □	CAF □	IAN □			
ſ	Mailing address:								
				State:	ZIP:				
F	Phone:		Er	mail:					
l	mitation of authority (optional):								
	Tax type(s) or other matters				Beginning tax period (MM/YY)	Ending tax period (MM/YY)			
2 1 2. I	st specific corresponding letter(s) (a-g) of any acts from the list in 'Exclusions' in the instructions of the IA 348 lowa Department of Revenue Power of Attorney (14-101) that you do not authorize the representative sted above to perform on your behalf: dividual representative's name: epresentative identification number (required):								
I		SSN/IT	IN □	CAF □					
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L	ist specific correspond	ing 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:_

Supplemental Iowa Department of Revenue Powers of Attorney, page 2

3. I	ndividual representative's name:									
F	Representative identification number (required):									
I	ID type, check one: SSN/ITIN		PTIN □	CAF □	IAN □					
ľ	Mailing address:									
				State:	ZIP:					
F	Phone: Email:									
L	Limitation of authority (optional):									
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		epresentative identification number (required):								
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	Phone: Email: Email: Limitation of authority (optional):									
	Tax type(s) other matte	or low	va tax account or permit number	Beginning tax period (MM/YY)	Ending tax period (MM/YY)					
2	List specific corresponding letter(s) (a-g) of any acts from the list in 'Exclusions' in the instructions of the 2848 lowa Department of Revenue Power of Attorney (14-101) that you do not authorize the representational listed above to perform on your behalf:									
	ignature		. I I C. The townswar							
	vidual, sole proprieto									
or R		tion Form (14-108	B) on file with the D	rtment of Revenue Powe epartment. See IA 2848 ails.						
abov on m Sign are i	ve or otherwise have a ny behalf before the De nature must be signed b not accepted.	uthority to sign thi epartment. by hand or via a dig	s form. I hereby auth	icate, that I am the perso orize the representative digital certificate. Stampe Date:	(s) listed above to act ed or typed signatures					
				Title:						
	form must be submitte									

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