

Only use this form along with the IA 2848 Iowa Department of Revenue Power of Attorney to appoint additional powers of attorney not noted on the IA 2848.

Taxpayer information

Legal name: _____

Identification number: _____

Additional representatives

All fields are required. The identification number can include the representative's Social Security Number (SSN), Individual Taxpayer Identification Number (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.

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 tax 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 that you do not authorize the representative listed above to perform on your behalf: _____

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 tax 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 that you do not authorize the representative listed above to perform on your behalf: _____



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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 tax 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 that you do not authorize the representative listed above to perform on your behalf: _____

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 tax 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 that you do not authorize the representative listed above to perform on your behalf: _____

Signature

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

Other Representatives: A person with a valid IA 2848 or Representative Certification Form on file with the Department.

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: _____

Incomplete forms will not be accepted. This form must be submitted with the IA 2848.



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