## 2848

(Rev. Dec. 2015) Department of the Treasury Internal Revenue Service

## **Power of Attorney** and Declaration of Representative

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848.

OMB No. 1545-0150 For IRS Use Only

Pagaired	harre.

Received by:

Name		
		<del></del>
Telephor	)e	

Partie Power of Attorney	Telephone			
Caution: A separate Form 2848 must be completed for for any purpose other than representation before the IRS	Function /			
1 Taxpayer information. Taxpayer must sign and date this form on	Date / /			
Taxpayer name and address	Taxpayer identification number(s)	<u> </u>		
JOHN SMEDLEY				
100 TWIN BROOK LN	Daytime telephone number Plan nu	ımber (if applicable)		
PESSEMER, AL 35022				
hereby appoints the following representative(s) as attorney(s)-in-fact:				
2 Representative(s) must sign and date this form on page 2, Part I				
Name and address	CAF No.			
BRITTANY MARENO	PTIN			
100 TWIN BROOK LN	Telephone No.			
BESSENIER, AL 35022	Fax No.			
Check if to be sent copies of notices and communications	Check if new: Address Telephone No.	Fax No.		
Name and address	CAF No.			
	PTIN	~~~~~~~~		
	Telephone No.			
	Fax No.			
Check if to be sent copies of notices and communications	Check if new: Address Telephone No	Fax No.		
Name and address	CAF No.			
	PTIN	BBPF##+		
	Telephone No.			
	Fax No.			
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address Telephone No	Fax No.		
Name and address	CAF No.			
	PTIN			
	Telephone No.			
(Note: IRS sends notices and communications to only two representatives.)	Fax No.  Check if new: Address  Telephone No.	Fax No.		
to represent the taxpayer before the Internal Revenue Service and perform		1 CX 140.		
3 Acts authorized (you are required to complete this line 3). With the exce inspect my confidential tax information and to perform acts that I can perform	ption of the acts described in line 5b, I authorize my represent	• •		
shall have the authority to sign any agreements, consents, or similar docum	· ·			
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	rax Form Number rear(s) or	Period(s) (if applicable) e instructions)		
sign agreements & consents	2016-2017			
file taxes	all			
4 Specific use not recorded on Centralized Authorization File ( check this box. See the instructions for Line 4. Specific Use Not	•	_		
5a Additional acts authorized. In addition to the acts listed on line 3 instructions for line 5a for more information):		e following acts (see		
Authorize disclosure to third parties; Substitute or add	representative(s); Sign a return;			
	<u>"' '' '' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	<del></del>		
	<del></del>			

06/13/2016 08:24:30 AM FILED/CERT

b	•	rwise, into an account owners ated) issued by the government	
6		the same matters and year	
7	if they are appointing the same representative(s). If administrator, or trustee on behalf of the taxpayer, I c	signed by a corporate officertify that I have the legal au	s filed, each spouse must file a separate power of attorney even cer, partner, guardian, tax matters partner, executor, receiver, ithority to execute this form on behalf of the taxpayer.  RN THIS POWER OF ATTORNEY TO THE TAXPAYER.
	JOHN SMEDLEY	Date	Title (if applicable)
	Print Name	Print na	me of taxpayer from line 1 if other than individual
Part	Declaration of Representative	<u></u>	

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—licensed to practice as a certified public accountant is active in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer organization.
  - e Full-Time Employee a full-time employee of the taxpayer.
  - Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.
  - k Student Attorney or CPA—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
  - Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

## ▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
				248 (Boy 12-2015)