

FORM 2848-ME

Power of Attorney and Declaration of Representative

Maine Revenue Services PO Box 1060 Augusta, ME 04332

PART I Power of Attorney					
1 Taxpayer information: (Taxpayer(s) mus	t sign and date this form b	elow.)			
Taxpayer(s) name(s)		Social Security Number(s)		Federal Identification Number	
Street Address				Telephone Number	
City, State and Zip					
2 Representative(s): Hereby appoint(s) the	following individuals(s)	I	1		
<u>Name</u>	Address Telephone Number				
as attorney(s)-in-fact to represent the taxpay of tax and year(s) or period(s) at issue, or day		ue Services for the f	following tax ma	atter(s). Specify the type(s)	
3 Tax Matters:					
Type of Tax (Individual, Corporate, Sales, Excise, Etc.)				Year(s) or Period(s) e of Death if Estate Tax)	
(Individual, Corporate, Sales, Excise, Etc.)	(1040IVIE, 1120IVIE, Sai	es, Excise, Etc.)	(Date 0	Dealitii Estate Tax)	
The attorney(s)-in-fact listed above are authorized that the principal(s) can perform with reacts otherwise authorized in this power of att	spect to the above specific				
4 Notices and Communications. By filing originals or copies of notices and any other matter(s) to the representative first named a NOTICE: This authorization does not require especially computer generated notices, only	written communications co bove. e Maine Revenue Services	to send notices to the	er in proceedin	gs involving the above tax ve; in many circumstances,	
5 Retention/revocation of prior power(s) of attorney on file with Maine Revenue Servi do not want a prior power of attorney revoke	ces for the same tax matte	er(s) and year(s) or p	period(s) covere	ed by this document. If you	
(You must attach	a copy of any power of	attorney you want	to remain in e	ffect.)	
6 Signature of or for taxpayer(s): If a tax is requested. If signed by a corporate office execute this power of attorney on behalf of the	r, partner, or fiduciary on b				
Signature	Title, if applica	able		Date	
Print Name					
Spouse Signature (if applicable)	Title, if applica	able		Date	
Print Namo				Over ⇔	

PART II	Declaration of Representative	

Under penalties of perjury, I declare that I am: (Circle one)

- 1. A member in good standing of the bar of the highest court of the jurisdiction shown below;
- 2. Duly qualified to practice as a certified public accountant in the jurisdiction shown below;
- 3. An enrolled agent enrolled under U. S. Department of Treasury Circular 230;
- 4. A bona fide officer of the taxpayer's organization;
- 5. A full-time employee of the taxpayer;
- 6. A member of the taxpayer's immediate family (spouse, parent, child, brother or sister);
- 7. A fiduciary for the taxpayer;

8. Other (Explain)			
, , ,			

Designation (insert appropriate	Jurisdiction (state, etc.)	Signature	Date
number from list above)			

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.