

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: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Optional limitation of authority:

| 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: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Optional limitation of authority:

| 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: \_\_\_\_\_  
 ID type, check one:    SSN/ITIN             PTIN             CAF             IAN   
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Optional limitation of authority:

| 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: \_\_\_\_\_  
 ID type, check one:    SSN/ITIN             PTIN             CAF             IAN   
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Optional limitation of authority:

| 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**

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.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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



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