

Type or print.

Read Instructions before completing this form. Failure to provide all required information will result in this form not being valid and will delay the effective date of the power of attorney (POA). It may take up to four to six weeks to process the form.

1. Taxpayer Information

Taxpayer(s) must sign and date this form on page 2, section 8.

Taxpayer Name _____ Social Security Number (SSN) _____
 Federal Employer Identification Number (FEIN) _____
 Taxpayer Address _____ City _____ State _____ ZIP _____
 If this POA is for a business, provide legal and trade names.
 Business Legal Name _____ Business Trade Name _____
 Business Address _____ City _____ State _____ ZIP _____
 Phone _____ Email _____

Spouse is only applicable if you filed joint returns.

Spouse Name _____ SSN _____
 Spouse Address _____ City _____ State _____ ZIP _____
 Phone _____ Email _____

2. Representative(s)

You must include SSN, FEIN, or Preparer's Tax ID Number (PTIN). Include a schedule for additional representatives. Centralized Authorization File (CAF) numbers and law license numbers are not accepted.

Individual's Name (Required) _____
 SSN, FEIN, or PTIN of Representative (Required) _____
 Firm or Company's Legal Name (for Individual Listed above) _____
 Mailing Address _____
 Phone _____ Fax _____ Email _____

Individual's Name (Required) _____
 SSN, FEIN, or PTIN of Representative (Required) _____
 Firm or Company's Legal Name (for Individual Listed above) _____
 Mailing Address _____
 Phone _____ Fax _____ Email _____

The above representatives are hereby appointed as attorney(s)-in-fact to represent the taxpayer(s) before the Iowa Department of Revenue for the following tax matter(s):

3. Tax Matters This section is required. List specific taxes.

Tax type, permit, and specifically dated tax periods must be provided.

Tax Type <small>(See instructions for options)</small>	Iowa Tax Permit Number <small>(Leave blank for Income taxes)</small>	Beginning Tax Period (MM/YY) <small>(Unlimited prior periods)</small>	Ending Tax Period (MM/YY) <small>(Limited to 3 years from date form is received)</small>

Complete for business
Leave SSN blank

Leave Blank

Enter ADP Assoc name.
FEIN = 22-3006057
ADP Tax Services Inc.
400 W. Covina Blvd
San Dimas, CA 91773
Ph: 877-706-0510
Fax: 909-305-6329
TFSAgency.CommTeam@adp.com

Tax Type = Withholding
IA Tax Permit # = IA SIT ID
Beginning Tax Per = 1st Qtr with ADP

4. Acts Authorized (Do not name additional representatives in this section.)

Representatives are authorized to receive and inspect confidential tax information and to perform any and all acts with respect to the tax matters described in section 3. For example, the representative may negotiate, sign any agreements, consents, or other documents, and represent the taxpayer(s) in any informal and formal proceeding involving the Department. See Instructions for full list of authorized activities. The authority does not include the power to receive refund checks, unless specifically added in section 5 below. List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

Additions: _____

Deletions: _____

5. Receipt of Refund Checks

If you want to authorize a representative named in section 2 to receive, but not to endorse or cash, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) _____

6. Notices and Communications

Original notices and other written communications will be sent to you and the taxpayer. A copy will be sent to the first representative listed in section 2.

7. Retention or Revocation of Prior Power(s) of Attorney

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Iowa Department of Revenue for the same tax matters and tax periods covered by this document.

If you do not want to revoke a prior power of attorney, check here

You must attach a copy of any power of attorney you want to remain in effect.

8. Signature of Taxpayer(s)

If a tax matter concerns a joint individual income tax return, both spouses are required to sign this form, if represented by the same individual(s).

If signed by a corporate officer, partner, member, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer: I certify that I have the authority to execute this form on behalf of the taxpayer.

If the taxpayer is an entity with more than one owner or member, a second signature of a person authorized to legally bind the entity is required.

If this form is not signed and dated, this power of attorney will not be valid. The form will be returned to you.

Signature _____ Date _____

Print Name _____ Title _____

Signature _____ Date _____

Print Name _____ Title _____

Leave all fields blank except Signature, Date, Name and Title

See instructions to the right for the submission of the IA 2848, Iowa Power of Attorney Form

Mail to:
Registration Services
Iowa Department of Revenue
PO Box 10470
Des Moines IA 50306-0470
Or fax to: 515-281-3906