

Power of Attorney

Maine Revenue Services P.O. Box 1060 Augusta, ME 04332-1060

READ INSTRUCTIONS attached before completing this form. The filing of this form automatically revokes all earlier powers of attorney on file with Maine Revenue Services for the same tax type and years/periods.

If you previously submitted another Power of Attorney ("POA") and you do not want the prior POA revoked, check here and attach a

| copy of the POA you wou | uld like to remain in e | effect | | | | |
|--------------------------------|---|---------------------------------|----------------------|--------------------------|---|--|
| PART I: POWER OF | F ATTORNEY | | | | | |
| 1. Taxpayer information | n (taxpayer(s) must s | sign and date this | form in Section | on 5 below) | | |
| Taxpayer's name | | | | | Taxpayer ID Number (SSN or EIN) | |
| Spouse's name (if you filed a | joint return and both spou | ive) | Spouse's SSN | | | |
| Mailing address | | | | City, state, zip | | |
| Country (if not United States) | | Telephone number | | Email address (optional) | | |
| 2. Representative inform | mation | | | | | |
| Primary representative name | | Firm or company name | | y name | | |
| Mailing address | | | City, state, zip | | | |
| Country (if not United States) | | Telephone number | | Email address (optional) | | |
| Alternate representative name | | | Firm or company name | | | |
| Mailing address | | | | City, state, zip | | |
| Country (if not United States) | | Telephone number | | Email address | | |
| the primary represen | ces may send copies tative identified aborhorization does not n | ve. <i>require</i> Maine Rev | venue Service | s to send notice | to the matters authorized in section 4 to section 5 to the representative. | |
| receive confidential inf | in section 1 appoint ormation and to perfative(s) may not dele | orm any and all | acts the taxpa | yers can perfori | ir representative(s) with full authority to m in connection with the following matters, wish to limit the authority granted by this | |
| Mark an X in all boxes | that apply. The PO | A will not be valid | if this section | is left blank. Se | ee instructions for additional limitations. | |
| Tax Type | Specific Years/Periods | | Tax Type | | Specific Years/Periods | |
| ☐ Individual Income Tax | | | ☐ Other (describe) | | | |
| ☐ Corporate Income Tax | | | | | | |
| ☐ Withholding | | | | | | |
| Color and Llas Tay | | | | | | |

| I certify | | enalty of perjury, that I an | | ove, or if signing as a corporate officer, that nave the authority to execute this POA. | l am | | | |
|---|------------|--|---------------------------------------|---|------|--|--|--|
| Signature | | | Print name (and title, if applicable) | Date | Date | | | |
| Spouse's signature (required if listed above) | | e (required if listed above) | Print name | Date | Date | | | |
| PART II: | DECLA | RATION OF REPRE | ESENTATIVE | | | | | |
| I certify | , under pe | enalty of perjury, that I am | : | | | | | |
| Primary A | | | | | | | | |
| | | A member in good standing of the bar of the highest court of the following jurisdiction: | | | | | | |
| | | Duly qualified to practice as a certified public accountant in the following jurisdiction: | | | | | | |
| | | An enrolled agent under U.S. Department of Treasury Circular 230 | | | | | | |
| | | A bona fide officer of the taxpayer's organization | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| _ | | | | | | | | |
| _ | _ | отног (охрашт). | | | | | | |
| Signature – Primary Representative | | y Representative | Print name (and title, if applicable) | Date | | | | |
| Signature – Alternate Representative | | ite Representative | Print name (and title, if applicable) | Date | | | | |
| □ □ A full-time employee of the taxpayer □ □ A member of the taxpayer's immediate family □ □ A fiduciary of the taxpayer □ □ Other (explain): Signature – Primary Representative Print name (and title, if applicable) Date | | | | | | | | |

FORMS NOT SIGNED, DATED, OR OTHERWISE INCOMPLETE WILL NOT BE ACCEPTED.

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Instructions

General Information

Use Form 2848-ME to authorize an individual to represent you before Maine Revenue Services ("MRS"). Signing this Power of Attorney ("POA") form authorizes MRS to communicate with and provide your confidential information to the individual you name as your representative.

Unless you limit the authority (see section 4), your representative will be authorized to perform any and all acts you can perform, including, but not limited to: receiving your confidential information; agreeing to tax adjustments; signing settlement agreements; and making otherwise binding decisions on your behalf with regard to the tax matters covered by the POA.

Limited Power of Attorney Form 2848-L

If you want your representative to communicate with and receive confidential information from MRS, but you do <u>not</u> want that person to act on your behalf, please fill out Form 2848-ME-L ("Limited Power of Attorney") instead.

Revocation

Filing Form 2848-ME will automatically revoke any earlier POA's on file with MRS that cover the <u>same tax types</u> and <u>same years/periods</u>.

Example 1:

On 5/1/2017, you authorize Jane Doe to represent you for individual income tax for 2015. On 10/1/2017, you authorize Jim Jones to represent you for individual income tax for 2016. Both POA's are valid.

Example 2:

On 5/1/2017, you authorize Jane Doe to represent you for individual income tax for 2015. On 10/1/2017, you authorize Jim Jones to represent you for sales and use tax for 2015. Both POA's will be valid.

Example 3:

On 5/1/2017, you authorize Jane Doe to represent you for individual income tax for 2015. On 10/1/2017, you authorize Jim Jones to represent you for individual income tax for years 2015-2018. Filing the POA for Jim Jones will automatically revoke the POA for Jane Doe.

If you do <u>not</u> want a prior POA automatically revoked, you must check the box at the top of the form and attach a copy of the prior POA you would like to remain in effect.

Other requests to revoke a POA must be in writing and must be signed by the taxpayer.

PART I - Power of Attorney

Section 1 – Taxpayer information

The Taxpayer's identification number may be a social security number ("SSN") or employer identification number ("EIN") depending on the type of taxpayer. Please fill out the taxpayer information section accurately and completely. Note: By providing an email address, you authorize MRS to communicate your confidential information via email to the address provided.

Section 2 - Representative information

Form 2848-ME allows you to authorize one or more representatives. Representatives <u>must</u> be individuals, i.e., you cannot name a firm as your representative but you can name a person or persons at the firm. Note: By providing an email address, you authorize MRS to communicate your confidential information via email to the address provided.

Section 3 – Notices and communications

MRS may send copies of notices and other communications relating to the tax matters authorized in section 4 only to the <u>primary representative</u>. Many notices, particularly computer-generated notices, will be sent only to the taxpayer and not to the representative.

Section 4 – Authority of representatives

This section allows you to specify which tax matters are covered by the POA and what authority you are granting your representative. By default, your representative will have <u>full authority</u> to receive your confidential information and to perform <u>any and all acts</u> you can perform in connection with the matters described in section 4. However, your authorized representative may not delegate their authority to another individual. If you wish to limit your representative's authority, please <u>specifically</u> describe the limitation.

For this form to be valid, you must select both the tax type and years/periods covered by the POA. If no tax type is selected, the POA will not be accepted.

You may list current, prior, or future years/periods. You must use specific periods. General references such as "All Years" will <u>not</u> be accepted.

Note: MRS will <u>not</u> accept a POA for future years/period which begin more than three years from the date the POA is received by MRS.

Section 5 – Taxpayer signature

You must sign, print your name, and date the POA for it to be valid. If you filed a joint return and both spouses are appointing the same representative, both spouses must sign. POA forms must be handsigned.

If you are signing on behalf of the taxpayer, please include your title—e.g., a "CEO" signing on behalf of a corporate taxpayer. You may be asked by MRS to verify your identity and/or provide evidence of authority to sign the POA.

PART II - Declaration of Representatives

Your representative must indicate their relationship to you and sign and date the form. The POA must be signed by the representative to be valid.

Submitting Completed POA Form

Completed POA forms should be mailed to MRS at the address at the top of the form. Completed POA forms may also be faxed or emailed to the MRS division responsible for the tax type covered by the POA. For fax/email contact info for the specific divisions, visit our website at: www.maine.gov/revenue/contact.html.

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