(Rev. January 2021) Department of the Treasury Internal Revenue Service

Taxpayer name and address

Name and address

18246 134th Way N

Jupiter, Fl. 33478

Name and address

Name and address

Name and address

Beth Crowell

hereby appoints the following representative(s) as attorney(s)-in-fact:

Check if to be sent copies of notices and communications

Check if to be sent copies of notices and communications

(Note: IRS sends notices and communications to only two representatives.)

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Representative(s) must sign and date this form on page 2, Part II.

for any purpose other than representation before the IRS. Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Part I

Power of Attorney and Declaration of Representa

Fax No.

Check if new: Address

OMB No. 1545 0150

48	Power of Attorney				OMB NO. 1545-0150		
021)	and Declaration of Representative				For IRS Use Only		
ne Treasury	-					Received by:	
Service	► Go to www.irs.gov/Form2848 for instructions and the latest information.						
Power of At	-					Telephone	
Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored				Function			
	e other than representation before the IRS.		7			Date / /	
	n. Taxpayer must sign and date this form on բ	page 2, lin		1 ()			
ie and address	e and address		Taxpayer identification	on number(s)			
			Day time a talambana n	ah au	Dlana		
			Daytime telephone n	umber	Pian n	umber (if applicable)	
ate the following	representative(s) as attorney(s)-in-fact:						
· ·	ust sign and date this form on page 2, Part II.						
dress	act digit and date the form on page 2, I ait ii.		CAF No.	R65057	1130		
31000			PTIN	P012578	 377		
Way N			Telephone No.	561-	781-65	 531	
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	communications to only two representatives.)	Check	if new: Address	Telephone I	No. 🗌	Fax No.	
dress			CAF No.				
			PTIN				
			Telephone No.				

Telephone No.

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)				
		2019-2025				
Income	1040					
4 Specific use not recorded on the Centralized Authorization Fi	le (CAF). If the power of attorney is for	a specific use not recorded on				
CAF, check this box. See Line 4. Specific Use Not Recorded on CAF in the instructions						

5a	CAF, check this box. See <i>Line 4. Specific Use Not Recorded on CAF</i> in the instructions				
	Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;				
	Uther acts authorized:				

Form 2848 ((Rev. 1-2	021)				Page 2	
ac en	Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability. List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):						
att re\	Retention/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 Internal Revenue Service for the same matters and years or periods covered by this form. If you do not want to revoke a prior power of attorney, check here						
of pa tax	attorne artnershi xpayer,	y even if they are ap p representative (or o I certify I have the lega	pointing the same representativ designated individual, if applica al authority to execute this form o	re(s). If signed by a coable), executor, received on behalf of the taxpayers	eturn was filed, each spouse must file a proporate officer, partner, guardian, tax er, administrator, trustee, or individuater. S POWER OF ATTORNEY TO THE	matters partner, I other than the	
		Signature		Date	Title (if applicable)		
		Print name		 Print name of t	axpayer from line 1 if other than individ	 ual	
Part II	Dec	claration of Repr	esentative	Time name or c	anpayor nom me i n other trainmanta		
			ture below I declare that:				
•		1 , ,, , ,	rred from practice, or ineligible fo	or practice, before the I I	nternal Revenue Service;		
					practice before the Internal Revenue S	ervice;	
• I am auth	horized t	to represent the taxpa	yer identified in Part I for the mat	ter(s) specified there; a	nd		
• I am one	of the f	ollowing:					
a Attorn	ney—a r	nember in good stand	ing of the bar of the highest cour	t of the jurisdiction sho	wn below.		
b Certifi	fied Pub	lic Accountant—a hold	der of an active license to practic	e as a certified public a	accountant in the jurisdiction shown bel	ow.	
c Enroll	led Ager	nt-enrolled as an age	nt by the IRS per the requiremen	its of Circular 230.			
		na fide officer of the ta	· •				
			ployee of the taxpayer.				
,	•				rent, grandchild, step-parent, step-child,		
-		ary—enrolled as an ac ited by section 10.3(d)		Enrollment of Actuaries	s under 29 U.S.C. 1242 (the authority to	practice before	
prepa claim and R	ared and for refu Require	l signed the return or c nd; (3) has a valid PTIN ments for Unenrolled	elaim for refund (or prepared if the N; and (4) possesses the required Return Preparers <i>in the instru</i>	ere is no signature spad d Annual Filing Season l actions for additional i		he return or Special Rules	
					e IRS by virtue of his/her status as a late for additional information and requirem		
		rement Plan Agent—er nue Service is limited I		t under the requiremen	ts of Circular 230 (the authority to pract	ice before the	
POW	/ER OF	ATTORNEY. REP	RESENTATIVES MUST SIGN	IN THE ORDER LI	•	RETURN THE	
Note: For	designa	tions d–t, enter your ti	tle, position, or relationship to the	e taxpayer in the "Licer I	ising jurisdiction" column.		
Designat Insert al letter (a	bove	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)		Signature	Date	
b		FL	AC0026362				