

The filing of this form automatically revokes the authority of all representatives appointed previously on IA 2848, IA 2848-A, IA 706, or IA 1041 forms for the same matters covered by this document. To reappoint a prior representative, list them in the representative section.

Incomplete forms will not be accepted. This form must be submitted within six months from the date signed or it will not be accepted.

1. Taxpayer Information

Legal name: _____

Doing business as (if applicable): _____

Taxpayer address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Complete one:

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN): _____

Federal employer identification number (FEIN): _____

2. Representative(s)

Include the representative's SSN/ITIN, Preparer's Tax ID Number (PTIN), or Iowa Account Number (IAN). If an IAN is needed but not yet assigned, write "None" in the representative identification number field and one will be assigned and sent to the representative. All fields are required unless noted otherwise. See instructions for more information on specific fields. Include form(s) IA 2848-A Multiple Iowa Department of Revenue Power of Attorney with this form to name additional representatives.

A. Individual representative's name: _____

Representative identification number: _____

ID Type, check one: SSN/ITIN PTIN IAN

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Firm or company's legal name (optional): _____

Optional limitation of authority:

Tax Type(s) or other matters	Iowa Tax 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 this form that you do not authorize the representative listed above to perform on your behalf: _____

B. Individual representative's name: _____

Representative identification number: _____

ID Type, check one: SSN/ITIN PTIN IAN

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Firm or company's legal name (optional): _____



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Optional limitation of authority:

Tax Type(s) or other matters	Iowa Tax 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 this form that you do not authorize the representative listed above to perform on your behalf: _____

C. Individual representative's name: _____

Representative identification number: _____

ID Type, check one: SSN/ITIN PTIN IAN

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Firm or company's legal name (optional): _____

Optional limitation of authority:

Tax Type(s) or other matters	Iowa Tax 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 this form that you do not authorize the representative listed to perform on your behalf: _____

3. Receipt of Refund Checks

If a taxpayer wants to authorize a representative named in section 2 to receive, but not to endorse or cash, refund checks for those tax types or matters identified in section 2, the taxpayer must initial here _____ and list the name and address of that representative below.

Representative to receive refund check(s): _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

4. Signature

Individual, sole proprietor, single member LLC: The taxpayer.

Other Representatives: A person with a valid IA 2848 or Representative Certification Form on file with the Department.

I, the undersigned, declare under penalties of perjury or false certificate, that I am the person listed as "Taxpayer" above or otherwise have the 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.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Submit by mail to Registration Services, Iowa Department of Revenue, PO Box 10470, Des Moines IA 50306-0470, or FAX: 515-281-3906.

The integrity and security of sending personal information via fax or email cannot be guaranteed. By submitting this form via fax or email, you agree to hold the Department harmless if a fax or an email results in third party access to the information.

