

### **Frequently Asked Questions**

### Q: Why do I have to sign a Power of Attorney Form?

**A**: The Power of Attorney we require is for tax purposes only; it's an IRS document, form 2848. It allows us to represent you and allows IRS personnel to discuss your tax matters with us. For your piece of mind, it clearly states "Form 2848 will not be honored for any purpose other than representation before the IRS." (Just above section 1, Taxpayer Information).

### Q: What should I do with the notices I have received?

A: Fax all notices you have received to us immediately.

### Q: Will I continue to receive notices from the IRS?

A: <u>YES.</u> You will continue to receive notices. The IRS computers will continue to generate the notices which are sent to you. We cannot stop their computers, but we can protect you from the threats these notices contain. You must fax any notice you receive to our office immediately. This will help give us the most current and urgent information right away. Fax number for our Client Management Department is (888) 400-1699

### Q: Why is time of the essence?

**A:** Many of the collection notices they send have deadlines you must meet to avoid additional problems; including but not limited to levies against banks, wages or other sources of income. Notices should never be ignored or put off. Fax any notice you receive to our office immediately.

### Q: Is it necessary to provide requested data on a timely basis?

**A:** To achieve the best possible outcome for ALL of our clients, we make commitments to taxing agencies to win their cooperation. A major reason we are able to achieve positive results on behalf of so many clients is the credibility we have built with them by keeping our commitments. We will not jeopardize this hard-earned relationship on behalf of a client who is non-responsive.

### Q: How long will it take to resolve my tax problem?

**A:** Every case has its own unique circumstances. Our firm endeavors to complete each case quickly. Waiting for information from clients and taxing agencies generally create the longest delays. Depending on the work that is required, cases may take as little as a few months to as long 16 months or even longer.

### Q: Do I still have to talk to the IRS?

**A:** No, you should not communicate with them at all. From this point on, we will handle ALL correspondence with the IRS and state. We do not want our clients in a position where they may incriminate themselves or give the IRS more information then they must have. If they contact you, politely refer them to us, your power of attorney

### Q: Do you sign on my behalf with the IRS?

**A:** No. We will prepare tax returns and or documents for submission to the IRS. They will then be sent to you via US Mail. You will need to sign the forms and mail them to the IRS in a timely manner. Here again, time is of the essence.

### Q: How will I communicate with your team?

A: The preferred communication method is **email**, so please check email often. We work as a team here at Authority Tax Services; multiple members of our staff will communicate with you as we work on your case. You will be contacted only when important information is needed from you or action is required by you. You will receive an email (in some cases a phone call). Any time you have a question regarding what is required of you or would like an update on the status of your case; feel free to **call our Client Management Department at (800) 634-2024** 

Client's signature	Date
Client's signature	Date

# Mandatory Internal Revenue Code 7216 Disclosure and Consent

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year.

The duration of this consent is **two** years.

Authorize:	
Authority Tax Services,	
to disclose any and all information contained in feder (Forms 1040, 1040A, 1040EZ, 1040NR, 1120, 1120) any other tax return forms and schedules as deeme for the purpose of assembling information, calculation processing of various IRS tax resolution forms and se	S, 1065, 941, 940, etc.) and d necessary, to third parties ons, diagnostics, and
If you believe your tax return information has been of improperly in a manner unauthorized by law or with contact the Treasury Inspector General for Tax Adm telephone at 1-800-366-4484 or by email at complain	out permission, you may ninistration (TIGTA) by
Individual Authorizations:	
Client's Signature	Date
Client's Signature	Date

(Rev. March 2012) Department of the Treasury Internal Revenue Service

**Power of Attorney** 

Part I

# **Power of Attorney** and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No. 1545-0150 For IRS Use Only

Received by:	

Name

Telephone		
Function_		
Data	 	

	Caution: A separate Form 2848 should be confor any purpose other than representation before			xpayer. Form 2848 will not	be honored	Function Date		/
1	Taxpayer information. Taxpayer must sign and date this			e 7.		Date		
	yer name and address	·	<u> </u>	Taxpayer identification nur	mber(s)			
				Daytime telephone number	r Plan n	umber (if a	pplicab	le)
hereb	y appoints the following representative(s) as attorney(s)-in-	-fact:						
2	Representative(s) must sign and date this form on page	e 2, Part II.						
Name	and address			CAF No.				
				PTIN				
				Telephone No.				
Chack	heck if to be sent notices and communications		Check	Fax No. ∴ if new: Address ☐ Tele	phone No.	Fav	 x No. Г	
	and address		Officer	CAF No.	•	•		
Ivairie	and address			PTIN				
				Telephone No.				
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Check	if to be sent notices and communications		Check	if new: Address Tele	phone No. 🗌	Fax	x No.	
Name	and address			CAF No.				
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				Telephone No.				
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to rep	resent the taxpayer before the Internal Revenue Service for Matters	or the follow			priorio 140.		(140.	
	iption of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Wh	nistleblower,		Tax Form Number	Year(s) or	Period(s) (i	f applic	able)
Р	ractitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions fo	or line 3)	(1040,	941, 720, etc.) (if applicable)	(see in	structions	for line	3)
4	Specific use not recorded on Centralized Authorizations that this box. See the instructions for Line 4. Specific							AF, ► Γ
	Acts authorized. Unless otherwise provided below,							tiol to
3	information and to perform any and all acts that I can p sign any agreements, consents, or other documents amounts paid to the client in connection with this repreunless the appropriate box(es) below are checked, the ror return information to a third party, substitute another	erform with s. The representation representat	n respect resentativ (including rive(s) is (	to the tax matters described e(s), however, is (are) not a g refunds by either electronic are) not authorized to execut	on line 3, for outhorized to remeans or paper a request for	example, the receive or per checks) disclosure	ne auth negotia ). Addit of tax	ority tate and ionally
	☐ Disclosure to third parties; ☐ Substitute or add representative(s); ☐ Signing a return;							
	Other acts authorized:							
	- Harris Anna Harr			v a tauran di di	_(see instruction			
	Exceptions. An unenrolled return preparer cannot sign any d An enrolled actuary may only represent taxpayers to the extent 230). An enrolled retirement plan agent may only represent taxp return preparer may only represent taxpayers to the extent prov on tax matters partners. In most cases, the student practitione supervision of another practitioner).		rovided in vers to the ed in sect s (level k)	n section 10.3(d) of Treasury e extent provided in section cion 10.3(f) of Circular 230. So authority is limited (for exam	Department (10.3(e) of Circuse the line 5 in mple, they may	Dircular Notular 230. A structions for only practions for the structions for the structure of the structure	. 230 (0 registe for restr tice und	Circul red ta riction der th
	List any specific deletions to the acts otherwise authorize	zed in this p	oower of	attorney:				

Form 2848 (Rev. 3-2012) 6 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 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. Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power 7 of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, 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 NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER. Signature Title (if applicable) Date Print Name Print name of taxpayer from line 1 if other than individual PIN Number Part II **Declaration of Representative** Under penalties of perjury, I declare that: I am not currently under suspension or disbarment from practice before the Internal Revenue Service; • I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service; I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and I am one of the following: a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below. **b** Certified Public Accountant – duly qualified to practice as a certified public accountant in the jurisdiction shown below. c Enrolled Agent-enrolled as an agent under the requirements of Circular 230. **d** Officer—a bona fide officer of the taxpayer's organization. e Full-Time Employee - a full-time employee of the taxpayer. f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, stepchild, brother, or sister). g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230). h Unenrolled Return Preparer - Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions. i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions. k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements. Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)). ▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II. Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation—Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
	•		- O	2/Q (D 0 0010)

(Rev. March 2012) Department of the Treasury Internal Revenue Service

**Power of Attorney** 

Part I

# **Power of Attorney** and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No. 1545-0150 For IRS Use Only

Received by:	

Name

Telephone		
Function_		
Data	 	

	Caution: A separate Form 2848 should be confor any purpose other than representation before			xpayer. Form 2848 will not	be honored	Function Date		/
1	Taxpayer information. Taxpayer must sign and date this			e 7.		Date		
	yer name and address	·	<u> </u>	Taxpayer identification nur	mber(s)			
				Daytime telephone number	r Plan n	umber (if a	pplicab	le)
hereb	y appoints the following representative(s) as attorney(s)-in-	-fact:						
2	Representative(s) must sign and date this form on page	e 2, Part II.						
Name	and address			CAF No.				
				PTIN				
				Telephone No.				
Chack	heck if to be sent notices and communications		Check	Fax No. ∴ if new: Address ☐ Tele	phone No.	Fav	 x No. Г	
	and address		Officer	CAF No.	•	•		
Ivairie	and address			PTIN				
				Telephone No.				
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				PTIN				
				Telephone No.				
			Check		phone No.		 x No. Г	7
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	iption of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Wh	nistleblower,		Tax Form Number	Year(s) or	Period(s) (i	f applic	able)
Р	ractitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions fo	or line 3)	(1040,	941, 720, etc.) (if applicable)	(see in	structions	for line	3)
4	Specific use not recorded on Centralized Authorizations that this box. See the instructions for Line 4. Specific							AF, ► Γ
	Acts authorized. Unless otherwise provided below,							tiol to
3	information and to perform any and all acts that I can p sign any agreements, consents, or other documents amounts paid to the client in connection with this repreunless the appropriate box(es) below are checked, the ror return information to a third party, substitute another	erform with s. The representation representat	n respect resentativ (including rive(s) is (	to the tax matters described e(s), however, is (are) not a g refunds by either electronic are) not authorized to execut	on line 3, for outhorized to remeans or paper a request for	example, the receive or per checks) disclosure	ne auth negotia ). Addit of tax	ority tate and ionally
	☐ Disclosure to third parties; ☐ Substitute or add representative(s); ☐ Signing a return;							
	Other acts authorized:							
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	List any specific deletions to the acts otherwise authorize	zed in this p	oower of	attorney:				

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Designation—Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
	•		- O	2/Q (D 0 0010)

# 8821

(Rev. October 2012)

Department of the Treasury Internal Revenue Service

## **Tax Information Authorization**

▶ Information about Form 8821 and its instructions is at www.irs.gov/form8821.
 ▶ Do not sign this form unless all applicable lines have been completed.
 ▶ To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.

OMB No. 1545-1165				
For IRS Use Only				
Received by:				
Name				
Telephone				
Function				
Date				

internal nevertue bervice				Date		
1 Taxpayer information. Taxpaye	er must sign and date this form o	n line 7				
Taxpayer name and address (type or print)		Taxpayer identification number(s)				
			Daytime telephone number	Plan number (if applicable)		
2 Appointee. If you wish to name	more than one appointee, attach					
Name and address		CAF N	۱o			
		PTIN				
		Telepl	hone No.			
		Fax N	0.			
		Check	k if new: Address	Telephone No.   Fax No.		
<b>3 Tax matters.</b> The appointee is a line. Do not use Form 8821 to re		eive con	fidential tax information	n for the tax matters listed on t	his	
(a) Type of Tax (Income, Employment, Payroll, Excise, Estate,	(b) Tax Form Number (1040, 941, 720, etc.)	(see	(c) Year(s) or Period(s) the instructions for line 3)	(d) Specific Tax Matters (see ins	str.)	
Gift, Civil Penalty, etc.) (see instructions)	(1010, 011, 120, 010.)	(555)				
4 Specific use not recorded on use not recorded on CAF, check	Centralized Authorization File this box. See the instructions.	(CAF). f you ch	If the tax information aneck this box, skip lines	authorization is for a specific s 5 and 6 ▶		
5 Disclosure of tax information (	you <b>must</b> check a box on line 5a	a or 5b	unless the box on line 4	1 is checked):		
a If you want copies of tax infor						
basis, check this box						
Note. Appointees will no longer	receive forms, publications and	other re	elated materials with the	e notices.		
<b>b</b> If you do not want any copies of	notices or communications sen	t to you	ır appointee, check this	box		
	formation authorizations. This matters you listed on line 3 about authorization, you must attach	e unles	ss you checked the box	on line 4. If you do not want		
To revoke this tax information as	uthorization, see the instructions					
7 Signature of taxpayer. If signed party other than the taxpayer, I operiods shown on line 3 above.	d by a corporate officer, partner, certify that I have the authority to	guardia execu	an, executor, receiver, a te this form with respec	administrator, trustee, or to the tax matters and tax		
► IF NOT SIGNED AND DATED	D, THIS TAX INFORMATION AU	ITHOR	IZATION WILL BE RET	URNED.		
▶ DO NOT SIGN THIS FORM I	F IT IS BLANK OR INCOMPLET	ΓЕ.				
Signature			[	Date		
<del></del>						
Print Name			Ti	tle (if applicable)		
PIN	number for electronic signature					

# 8821

(Rev. October 2012)

Department of the Treasury Internal Revenue Service

## **Tax Information Authorization**

▶ Information about Form 8821 and its instructions is at www.irs.gov/form8821.
 ▶ Do not sign this form unless all applicable lines have been completed.
 ▶ To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.

OMB No. 1545-1165					
For IRS Use Only					
Received by:					
Name					
Telephone					
Function					
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internal nevertue bervice				Date		
1 Taxpayer information. Taxpaye	er must sign and date this form o	n line 7				
Taxpayer name and address (type or print)			Taxpayer identification number(s)			
			Daytime telephone number	Plan number (if applicable)		
2 Appointee. If you wish to name	more than one appointee, attach					
Name and address		CAF No.				
		PTIN				
		Telepl	none No.			
		Fax No.				
			Check if new: Address			
<b>3 Tax matters.</b> The appointee is a line. Do not use Form 8821 to re		eive con	fidential tax information	n for the tax matters listed on t	his	
(a) Type of Tax (Income, Employment, Payroll, Excise, Estate,	(b) Tax Form Number (1040, 941, 720, etc.)	(see	(c) Year(s) or Period(s) the instructions for line 3)	(d) Specific Tax Matters (see ins	tr.)	
Gift, Civil Penalty, etc.) (see instructions)	(1010, 011, 120, 010.)	(555)				
4 Specific use not recorded on use not recorded on CAF, check	Centralized Authorization File this box. See the instructions.	(CAF). f you ch	If the tax information aneck this box, skip lines	authorization is for a specific 5 and 6		
5 Disclosure of tax information	you <b>must</b> check a box on line 5a	a or 5b	unless the box on line 4	l is checked):		
alf you want copies of tax infor						
basis, check this box						
Note. Appointees will no longer receive forms, publications and other related materials with the notices.						
<b>b</b> If you do not want any copies of	f notices or communications sen	t to you	r appointee, check this	box ▶		
	formation authorizations. This matters you listed on line 3 about authorization, you must attach	e unles	ss you checked the box	on line 4. If you do not want		
To revoke this tax information at	uthorization, see the instructions					
7 Signature of taxpayer. If signed party other than the taxpayer, I operiods shown on line 3 above.	d by a corporate officer, partner, certify that I have the authority to	guardia execu	an, executor, receiver, a te this form with respec	dministrator, trustee, or to the tax matters and tax		
► IF NOT SIGNED AND DATED	D, THIS TAX INFORMATION AU	ITHOR	ZATION WILL BE RET	URNED.		
► DO NOT SIGN THIS FORM I	F IT IS BLANK OR INCOMPLET	ΓE.				
			1			
Signature			[	Date		
Print Name			T	tle (if applicable)		
riiit ivaine			II	не (п аррисавіе)		
PIN	number for electronic signature					