## INSTRUCTIONS - FORM 2848 (on Page 2 and 3)

Complete the following items on the Power of Attorney form (POA) -

#### Part 1

- 1) Enter your Participant ID.
- \*Participant ID # usually starts with PS followed by 8 digits.
- \*If you are a Laspau grantee, your ID starts with 20 and is 8 digits

### Section 1

- 1) Fill in your first name, middle name (if any) and last name.
- \* This name must match exactly the name on your SSN or ITIN or passport if you don't have a SSN or ITIN.
- \* Do **not** put your address.
- 2) Fill in your Social Security Number (SSN) or your ITIN if you do not have a SSN.

### Section 7

- 1) Sign and write the date.
- 2) Print your name.
- \*Do not put a PIN Number.

Please submit your completed Form 2848 with your tax documents to Grantax by uploading to the Self Service Portal, regular mail to *Grantax/IIE*, 809 United Nations Plaza, 6th Floor, NY, NY 10017-3580, fax (212-984-5553), or email (grantax3@iie.org). Please note that IIE's email system only accepts email attachments that are 10 MB or less.

(Rev. January 2018) Department of the Treasury

# Power of Attorney and Declaration of Representative

OMB No. 1545-0150 For IRS Use Only Received by:

Part	Power of Attorney		phone	
	Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored			
	for any purpose other than representation before the IRS.	Date	etion/ /	
1	Taxpayer information. Taxpayer must sign and date this form on	ge 2, line 7.		
axpaye	er name and address	Taxpayer identification number(s)		
c/o Grantax/IIE		Daytime telephone number Plan number	(if applicable)	
	x 20507 DHCC, New York, NY 10017-0005			
2 2	appoints the following representative(s) as attorney(s)-in-fact:  Representative(s) must sign and date this form on page 2. Part II.			
Name and address		CAF No. 0312-03334R		
		PTIN P01882792		
Andy Chen c/o Grantax/IIE		Telephone No.		
P.O. Box 20507 DHCC, New York, NY 10017-0005		Fax No. 212-984-5553		
Check if to be sent copies of notices and communications		Check if new: Address Telephone No.	Fax No.	
ame a	nd address	CAF No.		
Wendy Lau		PTINP00123037		
c/o Grantax/IIE		Telephone No.		
P.O. Box 20507 DHCC, New York, NY 10017-0005		Fax No. 212-984-5553		
	f to be sent copies of notices and communications	Check if new: Address Telephone No.		
lame a	nd address	CAF No.		
		PTIN		
		Telephone No. Fax No.		
(Note: IRS sends notices and communications to only two representatives.)		Check if new: Address Telephone No.	Fax No.	
Name and address		CAF No.		
		PTIN		
		Telephone No.		
		Fax No.		
	RS sends notices and communications to only two representatives.)	Check if new: Address Telephone No.	Fax No.	
123	sent the taxpayer before the Internal Revenue Service and perform	70700 F 97000 TO NO CONS AND MY 7700 NO 7700 DV 10 7000	V 60 8 1	
	Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative			
	shall have the authority to sign any agreements, consents, or similar docum			
	ion of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower,			
Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility		Tax Form Number Year(s) or Period(s) (if ap (1040, 941, 720, etc.) (if applicable) (see instructions)		
Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)		(1040, 941, 720, etc.) (ii applicable) (see liist	(see instructions)	
Individual Income Tax		040NR, 1040C, 1040, 1040X, W4,W7 2019	2019 & 2020	
		CANADA CA		
		V-8BEN, W-8ECI, 2063, 1042S, 8843		
		1000 1000 0000 0 7 1 10		
826	0	4506, 4868, 2688 & related forms		
	Specific use not recorded on Centralized Authorization File (Concept this box. See the instructions for Line 4. Specific Use Not Fig. 1).			
	Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):   Access my IRS records via an Intermediate Service Provider;			
	✓ Authorize disclosure to third parties; ✓ Substitute or add representative(s); ✓ Sign a return;			
	Other acts authorized: The power to receive on behalf of taxp	yer all corresponding tax refund checks		

Form 2848 (Rev. 1-2018) 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): Retention/revocation of prior power(s) of attorney. The filling 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 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, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer. ▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER. Title (if applicable) Signature Date Print Name Print name of taxpayer from line 1 if other than individual Part II Declaration of Representative Under penalties of perjury, by my signature below I declare that: • I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service; • I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing 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 - a holder of an active license to practice as a certified public accountant in the jurisdiction shown below. c Enrolled Agent - enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230. d Officer – a bona fide officer of the taxpaver organization. e Full-Time Employee - a full-time employee of the taxpayer. f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, 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 — Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information. k Qualifying Student-receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements. r 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 COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2. Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. Licensing jurisdiction Designation -Bar, license, certification, (State) or other registration, or enrollment Insert above Signature Date licensing authority letter (a-r). number (if applicable). (if applicable). 01/07/2020 b NY 118940 01/07/2020 P00123037 h