Power of Attorney and Declaration of Representative

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848. Power of Attorney

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

Caution: A separate Form 2848 must be completed for for any purpose other than representation before the IRS.		Function			
1 Taxpayer information. Taxpayer must sign and date this form on	page 2, line 7.	<u>.</u>			
Taxpayer name and address Suzanne Gahs	Taxpayer identification number(s) 214-78-1079				
34179 Tony Terrace Fremont, CA 94555	Daytime telephone number (650) 930-0592	Plan number (if applicable)			
hereby appoints the following representative(s) as attorney(s)-in-fact:	, ,				
2 Representative(s) must sign and date this form on page 2, Part II.					
Name and address HYUNG J. PARK - OPTIMA TAX RELIEF, LLC 3100 S. HARBOR BLVD., STE 250	CAF No. 0306-70574R PTIN Telephone No. 800-965-31				
SANTA ANA, CA 92704	Fax No. 714-408-1359				
Check if to be sent copies of notices and communications	Check if new: Address Telephone I	No. Fax No.			
Name and address SOHRAB IZADI - OPTIMA TAX RELIEF, LLC 3100 S. HARBOR BLVD., STE 250	CAF No. 0310-89109R PTIN Telephone No. 800-965-3				
SANTA ANA, CA 92704	Fax No. 714-242-9307				
Check if to be sent copies of notices and communications	Check if new: Address Telephone I				
Name and address BLESSEY T. KURIEN - OPTIMA TAX RELIEF, LLC	CAF No. 0309-30461R PTIN				
3100 S. HARBOR BLVD., STE 250	PTIN	92			
SANTA ANA, CA 92704	Fax No. 714-242-9980				
(Note. IRS sends notices and communications to only two representatives.)	Check if new: Address Telephone No. Fax No.				
Name and address PHILIP H. HWANG - OPTIMA TAX RELIEF, LLC 3100 S. HARBOR BLVD., STE 250 SANTA ANA, CA 92704	CAF No. 0310-91886R PTIN Telephone No. 800-965-3 1 Fax No. 714-242-9789	192			
(Note. IRS sends notices and communications to only two representatives.)	Check if new: Address Telephone I	No Fax No			
3 Acts authorized (you are required to complete this line 3). With the excepting inspect my confidential tax information and to perform acts that I can perform shall have the authority to sign any agreements, consents, or similar documed Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility	otion of the acts described in line 5b, I authorize my remain with respect to the tax matters described below. Fents (see instructions for line 5a for authorizing a representation)	or example, my representative(s) esentative to sign a return). ar(s) or Period(s) (if applicable)			
Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)		(see instructions)			
INCOME	1040, 1099's, W-2's 199	90 THROUGH 2014			
CIVIL PENALTY	N/A Q1	,Q2,Q3,Q4 1990-2014			
4 Specific use not recorded on Centralized Authorization File (Control of the Control of the Con					
 5a Additional acts authorized. In addition to the acts listed on line 3 instructions for line 5a for more information): Authorize disclosure to third parties; Substitute or add remarks 	above, I authorize my representative(s) to per epresentative(s); Sign a return;	J ,			
Other acts authorized:					

Form 2848 (Rev. 7-2014) 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 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 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 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, 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 COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER. 02/06/2015 Signature Date Title (if applicable) Suzanne Gahs 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 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 – duly qualified 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 taxpayer organization. e Full-Time Employee—a full-time employee of the taxpaver. 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 prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation h). 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 prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation i). k Student Attorney or CPA-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. See the instructions for 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 (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
С	EA	93604	2-1-P	
Α	CA	293442	950	
С	EA	115198	Blessey	
Α	CA	297759	Dhilip Jung	
	•		Form 28	848 (Rev. 7-2014)

Power of Attorney and Declaration of Representative

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848.

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

Part I Power of Attorney	Telephone					
Caution: A separate Form 2848 must be completed for		onored	Function			
for any purpose other than representation before the IRS.			Date	/	/	
1 Taxpayer information. Taxpayer must sign and date this form on	, • .					
Taxpayer name and address	Taxpayer identification number	er(s)				
Suzanne Gahs	214-78-1079					
34179 Tony Terrace	Daytime telephone number	Plan nu	mber (if ap	oplicab	ole)	
Fremont, CA 94555	(650) 930-0592					
hereby appoints the following representative(s) as attorney(s)-in-fact:						
2 Representative(s) must sign and date this form on page 2, Part II.						
Name and address	CAF No. 0309-24527R					
JUSTIN CLEMENT - OPTIMA TAX RELIEF, LLC	PTIN P0136064	- 0400				
3100 S. HARBOR BLVD., STE 250 SANTA ANA, CA. 92704	Telephone No. 800-965					
Check if to be sent copies of notices and communications	Fax No. 714-242-173 Check if new: Address Teleph	one No. 🗌		 к No. Г	\neg	
Name and address ANASHEH AKOPIAN - OPTIMA TAX RELIEF, LLC	CAF No. 0310-06148F	ζ				
3100 S. HARBOR BLVD., STE 250	PTIN Telephone No 800-96	 5_3102				
SANTA ANA, CA. 92704	Fax No. 714-242-990					
Check if to be sent copies of notices and communications		one No.	Fax	 к No. Г	\neg	
Name and address	CAF No. 0310-51265F					
STEPHEN J. HONDA - OPTIMA TAX RELIEF, LLC	PTIN					
3100 S. HARBOR BLVD., STE 250	Telephone No. 800-965	-3192				
SANTA ANA, CA. 92704	Fax No. 714-242-1881					
(Note. IRS sends notices and communications to only two representatives.)	Check if new: Address Telephone No. Fax No.					
Name and address	CAF No. 0310-05151F	2				
ALINA YURYEVA - OPTIMA TAX RELIEF, LLC	PTIN P01523705					
3100 S. HARBOR BLVD., STE 250	Telephone No. 800-965-3192					
SANTA ANA, CA. 92704	Fax No. 714-409-3237					
(Note. IRS sends notices and communications to only two representatives.)	Check if new: Address Telephone No. Fax No.					
3 Acts authorized (you are required to complete this line 3). With the excepting inspect my confidential tax information and to perform acts that I can perform shall have the authority to sign any agreements, consents, or similar documents.	ation of the acts described in line 5b, I authorize m with respect to the tax matters described bel	ow. For exam	ole, my repr	esentati		
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or (se	Period(s) (i e instructi		cable)	
INCOME	1040, 1099's, W-2's	1990 TI	HROU	GH 2	2014	
CIVIL PENALTY	N/A	Q1,Q2,C	3,Q4 1	990-	2014	
4 Specific use not recorded on Centralized Authorization File (Control of the Control of the Con						
5a Additional acts authorized. In addition to the acts listed on line 3 instructions for line 5a for more information):	above, I authorize my representative(s) to	perform th	e following	acts (see	
☐ Authorize disclosure to third parties; ☐ Substitute or add r	epresentative(s); Sign a return;					
Other acts authorized:						

Form 2848 (Rev. 7-2014) 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 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 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 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, 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 COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER. 02/06/2015 Signature Date Title (if applicable) Suzanne Gahs 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 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—duly qualified 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 taxpayer organization. e Full-Time Employee—a full-time employee of the taxpaver. 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 prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation h). 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 prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation i). k Student Attorney or CPA-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. See the instructions for 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 (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature Date
Α	CA	272599	Just a Connect
Α	CA	276243	Audilallia
Α	CA	279492	Stephen J. Honda
С	EA	109691	Deraf
	<u>'</u>		Form 2848 (Rev. 7-2014)

Power of Attorney

Part I

Power of Attorney and Declaration of Representative

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848.

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

for any purpose other than representation before the IRS		Date / /			
1 Taxpayer information. Taxpayer must sign and date this form on					
Taxpayer name and address Suzanne Gahs	Taxpayer identification number 214-78-1079	er(s)			
34179 Tony Terrace Fremont, CA 94555	Daytime telephone number (650) 930-0592	Plan number (if applicable)			
hereby appoints the following representative(s) as attorney(s)-in-fact:					
2 Representative(s) must sign and date this form on page 2, Part II					
Name and address	CAF No. 0309-37583 R	· 			
SHELTON FONG - OPTIMA TAX RELIEF, LLC	PTIN				
3100 S. HARBOR BLVD., STE 250	Telephone No. 800-96	5-3192			
SANTA ANA, CA. 92704	Fax No. 714-598-337				
Check if to be sent copies of notices and communications	_ · · · ·	one No. Fax No.			
Name and address	CAF No. 0309-83706 F	₹			
BRADY HAMPTON - OPTIMA TAX RELIEF, LLC	PTIN P01284292				
3100 S. HARBOR BLVD., STE 250	Telephone No. 800-96				
SANTA ANA, CA. 92704 Check if to be sent copies of notices and communications	Fax No. 714-766-844 Check if new: Address Teleph	one No.			
	CAF No. 0310-06063F				
Name and address JENNY WEI - OPTIMA TAX RELIEF, LLC	PTIN	`			
3100 S. HARBOR BLVD., STE 250	Telephone No. 800-965				
SANTA ANA, CA. 92704	Fax No. 714-242-704				
(Note. IRS sends notices and communications to only two representatives.)		one No.			
Name and address	CAF No. 0309-99730F				
TAN M. LE - OPTIMA TAX RELIEF, LLC	PTIN				
3100 S. HARBOR BLVD., STE 250	Telephone No. 800-96	5-3192			
SANTA ANA, CA. 92704	Fax No. 714-242-7462				
(Note. IRS sends notices and communications to only two representatives.)	Check if new: Address Telephone No. Fax No.				
to represent the taxpayer before the Internal Revenue Service and perforn	the following acts:				
3 Acts authorized (you are required to complete this line 3). With the exce inspect my confidential tax information and to perform acts that I can perfor shall have the authority to sign any agreements, consents, or similar docum	m with respect to the tax matters described bel	ow. For example, my representative(s)			
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, 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)			
INCOME	1040, 1099's, W-2's	1990 THROUGH 2014			
CIVIL PENALTY	N/A	Q1,Q2,Q3,Q4 1990-2014			
4 Specific use not recorded on Centralized Authorization File (check this box. See the instructions for Line 4. Specific Use Not					
 5a Additional acts authorized. In addition to the acts listed on line 3 instructions for line 5a for more information): Authorize disclosure to third parties; 	B above, I authorize my representative(s) to representative(s); Sign a return;				
Other acts authorized:					

Form 2848 (Rev. 7-2014) 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 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 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 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, 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 COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER. 02/06/2015 Signature Date Title (if applicable) Suzanne Gahs Print name of taxpayer from line 1 if other than individual Print Name 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 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 – duly qualified 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 taxpayer organization. e Full-Time Employee—a full-time employee of the taxpayer. 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 prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation h). 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 prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation i). k Student Attorney or CPA—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. See the instructions for 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. Bar, license, certification, Licensing jurisdiction Designationregistration, or enrollment (state) or other Insert above Date number (if applicable). Signature licensing authority letter (a-r) See instructions for Part II for (if applicable) more information. C 95236 FΔ

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Power of Attorney

Part I

Power of Attorney and Declaration of Representative

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848.

For IRS Use Only				
Received by	y:			
Name				
Telephone				
Function				
Date	/	/		

OMB No. 1545-0150

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. Taxpayer information. Taxpayer must sign and date this form on page 2, line 7. Taxpayer name and address Taxpayer identification number(s) Suzanne Gahs 214-78-1079 34179 Tony Terrace Daytime telephone number Plan number (if applicable) (650) 930-0592 Fremont, CA 94555 hereby appoints the following representative(s) as attorney(s)-in-fact: Representative(s) must sign and date this form on page 2, Part II. CAF No. **0309-82476R** Name and address STEVEN YONAN - OPTIMA TAX RELIEF, LLC PTIN _____ **3100 S. HARBOR BLVD., STE 250** Telephone No. **800-965-3192 SANTA ANA, CA. 92704** Fax No. **714-242-9857** Check if to be sent copies of notices and communications \square Check if new: Address Telephone No. CAF No. **0309-99021R ROBB VILLALOBOS - OPTIMA TAX RELIEF, LLC 3100 S. HARBOR BLVD., STE 250** Telephone No. **800-965-3192** Fax No. **714-242-1738 SANTA ANA, CA. 92704** Check if to be sent copies of notices and communications \square Check if new: Address Telephone No. CAF No. **0310-37376R** Name and address TADEH AKOPIAN - OPTIMA TAX RELIEF, LLC PTIN _____ Telephone No. 800-965-3192 **3100 S. HARBOR BLVD., STE 250** Fax No. **714-422-0262 SANTA ANA, CA. 92704** (Note. IRS sends notices and communications to only two representatives.) Check if new: Address Telephone No. CAF No. 0310-85167R Name and address PTIN **P01632497** PACHRAPHAN ROYSTON - OPTIMA TAX RELIEF, LLC Telephone No. 800-965-3192 3100 S. HARBOR BLVD., STE 250 **SANTA ANA, CA. 92704** Fax No. 714-460-8767 (Note. IRS sends notices and communications to only two representatives.) Check if new: Address Telephone No. to represent the taxpayer before the Internal Revenue Service and perform the following acts: 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(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). Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Tax Form Number Year(s) or Period(s) (if applicable) Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility (1040, 941, 720, etc.) (if applicable) (see instructions) Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions) INCOME 1040, 1099's, W-2's 1990 THROUGH 2014 N/A CIVIL PENALTY Q1,Q2,Q3,Q4 1990-2014 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, 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): ☐ Substitute or add representative(s); ☐ Sign a return; Authorize disclosure to third parties; Other acts authorized:

Form 2848 (Rev. 7-2014) 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 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 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 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, 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 COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER. 02/06/2015 Signature Date Title (if applicable) Suzanne Gahs 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 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 – duly qualified 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 taxpayer organization. e Full-Time Employee—a full-time employee of the taxpayer. 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 prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation h). 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 prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation i). k Student Attorney or CPA—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. See the instructions for 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. Bar, license, certification, Licensing jurisdiction Designationregistration, or enrollment (state) or other Insert above Signature Date number (if applicable). licensing authority letter (a-r) See instructions for Part II for (if applicable) more information. 243055 CA

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Form **2848**

(Rev. July 2014) Department of the Treasury Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848.

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For IRS	Use	Oı	nly	
Received b	y:			
Name _				
Telephone				
Function				
Date	/		/	

OMB No. 1545-0150

Part I Power of Attorney					Telephone	э	
Caution: A separate Form 2848 must be completed for e		r. Form 2848 will	not be hor	nored	Function_		
for any purpose other than representation before the IRS.					Date	/_	
Taxpayer information. Taxpayer must sign and date this form on	· • · · ·						
Taxpayer name and address Suzanne Gahs		xpayer identificati 214-78-1079	9	s)			
34179 Tony Terrace Fremont, CA 94555		aytime telephone r 650) 930-0592		Plan nu	ımber (if ap	oplicab	le)
hereby appoints the following representative(s) as attorney(s)-in-fact:							
2 Representative(s) must sign and date this form on page 2, Part II.							
Name and address		CAF No. Pendi	ng Assig	nment			
SAMIERA SALIBA - OPTIMA TAX RELIEF, LLC		PTIN					
3100 S. HARBOR BLVD., STE 250		Telephone No.	800-965-	3192			
SANTA ANA, CA 92704		Fax No. 714-2	42-9793				
Check if to be sent copies of notices and communications	Check if ne	ew: Address	Telephor	ne No. 🗌	Fax	k No.	
Name and address		CAF No. 0310					
CHING SAU - OPTIMA TAX RELIEF, LLC		PTIN P00971 4					
3100 S. HARBOR BLVD., STE 250		Telephone No.	800-965-	3192			
SANTA ANA, CA. 92704		Fax No. 714-2					_
Check if to be sent copies of notices and communications	Check if ne		Telephor			∢No. L	
Name and address		CAF No. Pend	20	_			
DANIEL WRIGHT - OPTIMA TAX RELIEF, LLC		PTIN P015186					
3100 S. HARBOR BLVD., STE 250	Telephone No. 800-965-3192						
SANTA ANA, CA 92704 (Note. IRS sends notices and communications to only two representatives.)	Fax No. 714-242-9748 Check if new: Address ☐ Telephone No. ☐ Fax No. ☐						7
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Name and address		CAF No. PTIN					
		Telephone No.					
(Note. IRS sends notices and communications to only two representatives.)	Check if ne	Fax NoCheck if new: Address Telephone No Fax No					
to represent the taxpayer before the Internal Revenue Service and perform	1						
3 Acts authorized (you are required to complete this line 3). With the exceptinspect my confidential tax information and to perform acts that I can perform shall have the authority to sign any agreements, consents, or similar documents.	m with respect t	o the tax matters des	scribed belov	. For examp	ole, my repre	esentati	
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)		x Form Number , 720, etc.) (if appli		` '	Period(s) (i e instruction		cable)
INCOME	1040, ·	1099's, W	/-2's 1	990 TI	HROU	GH 2	2014
CIVIL PENALTY		N/A	C	1,Q2,C	3,Q4 1	990-	2014
4 Specific use not recorded on Centralized Authorization File (Control of the Control of the Con							
5a Additional acts authorized. In addition to the acts listed on line 3 instructions for line 5a for more information):	above, I auth	orize my represent	tative(s) to	perform the	e following	acts (s	see
Authorize disclosure to third parties; Substitute or add re	representative	(s); Sign a retu	urn;				
Other acts authorized:							

Form 2848 (Rev. 7-2014) 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 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 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 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, 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 COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER. 02/06/2015 Signature Date Title (if applicable) Suzanne Gahs 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 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 – duly qualified 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 taxpayer organization. e Full-Time Employee—a full-time employee of the taxpayer. 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 prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation h). 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 prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation i). k Student Attorney or CPA—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. See the instructions for 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. Bar, license, certification, Licensing jurisdiction Designationregistration, or enrollment (state) or other Date Insert above number (if applicable). Signature licensing authority letter (a-r) See instructions for Part II for (if applicable) more information. 297605 CA FΔ 96641

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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

Internal Revenue Service	request	a copy or transcript of your tax re	turn, us	e Form 4506, 4506-1, or	40061	Date	
1 Taxpayer information.	Taxpaye	er must sign and date this form o	on line 7	i			
Taxpayer name and address (type or	print)			Taxpayer identification nu	mber(s	;)	
Suzanne Gahs				214-78-1079			
34179 Tony Terrace				Daytime telephone number		Plan number (if applicable)	
Fremont, CA 94555				(650) 930-0592			
	to name	more than one appointee, attac					
Name and address			CAF N	o. 031	0-510	050R	
OPTIMA TAX RELIEF, LL			PTIN	ono No			
3100 S. HARBOR BLVD.,	, STE 2	50	Fax N	one No. 800-5 D. 714-616-			
SANTA ANA, CA. 92704				if new: Address		phone No. 🔲 Fax N	
3 Tax matters. The appoint	intee is a	authorized to inspect and/or rece					
		equest copies of tax returns.	J. V G G G . 1	ndoritial tax imorriation		The tax matters noted of	
(a)		(b)		(c)		(d)	
Type of Tax (Income, Employment, Payroll, Exci	se. Estate.	Tax Form Number		Year(s) or Period(s)	S	Specific Tax Matters (see in	nstr.)
Gift, Civil Penalty, etc.) (see instru		(1040, 941, 720, etc.)	(see	the instructions for line 3)			
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4 Specific use not recor	rded on	Centralized Authorization File	(CAF).	If the tax information	autho	prization is for a specifi	
		this box. See the instructions.					
		(you must check a box on line 5				· ·	
	tax infori	mation, notices, and other writ	ten com	munications sent to t	he ap	pointee on an ongoin	
basis, check this box		reacive forms, publications and	· ·				
	_	receive forms, publications and f notices or communications sen				ces.	▶ □
bil you do not want any c	Jopies of	notices of communications ser	it to you	appointee, oneon this	DOX		. П
6 Retention/revocation	of tax in	formation authorizations. This	tax info	rmation authorization a	autom	natically revokes all pric	or
		matters you listed on line 3 abo					
to revoke a prior tax inf		n authorization, you must attacl					
and check this box .						, .	▶ ∐
To revoke this tax inforr	nation au	uthorization, see the instructions	i.				
		d by a corporate officer, partner,					
		certify that I have the authority to	execut	e this form with respec	t to th	ne tax matters and tax	
periods shown on line 3	above.						
NIT NOT CICNED AND		THE TAY INCORMATION AT	ITUADI	ZATION WILL DE DET	CLIDAL	IED	
FIF NOT SIGNED AND	DATEL	D, THIS TAX INFORMATION AU	IIOKI	ZATION WILL DE REI	UKN	EU.	
▶ DO NOT SIGN THIS	FORM II	F IT IS BLANK OR INCOMPLE	TE.				
1					0	2/06/2015	
Syonne Dahs							_
Signature					Date		
Suzanne Gahs							
							_
Print Name				Т	itle (if a	applicable)	
	DIN	number for electronic signature					
		number for electronic signature					

Cat. No. 11596P

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

Revenue Service	or a copy or transcript or your tax re	tuiii, uo		Date	
Taxpayer information. Taxpa	yer must sign and date this form c	n line 7	•		
ver name and address (type or print)				er(s)	
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r, Civil Penalty, etc.) (see instructions)	(1040, 941, 720, etc.)	(See	the instructions for line 3)		
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Specific use not recorded o	n Centralized Authorization File	(CAF).	If the tax information au	thorization is for a spe	ecific
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	ormation, notices, and other writt	en com	munications sent to the	appointee on an ong	· · —
	r receive forms, publications and	other re		notions	. ▶ 🗾
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in you do not want any copied		i to you	appointed, effect the b	OX	
Retention/revocation of tax	nformation authorizations. This	tax info	rmation authorization aut	omatically revokes all	prior
	on authorization, you must attach	n a copy	of any authorizations ye	ou want to remain in e	effect
and check this box					. ▶ ⊔
To revoke this tax information	authorization, see the instructions				
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		execut	e this form with respect t	o the tax matters and	tax
portodo enevir en inte e above	•				
► IF NOT SIGNED AND DATI	ED. THIS TAX INFORMATION AL	JTHORI	ZATION WILL BE RETU	RNED.	
	,				
► DO NOT SIGN THIS FORM	IF IT IS BLANK OR INCOMPLET	ΓE.			
Lucias Milas			ı	02/06/2015	
ZIJOMNI DWAS					
Signature			Dat	re	
Suzanne Gahs					
Print Name			Title	(if applicable)	
	N number for electronic signature				
	Taxpayer information. Taxpayer name and address (type or print) anne Gahs '9 Tony Terrace nont, CA 94555 Appointee. If you wish to name and address AH ANN P. MACAPOBRE OS. HARBOR BLVD., STE TA ANA, CA 92704 Tax matters. The appointee is line. Do not use Form 8821 to (a) Type of Tax Ine, Employment, Payroll, Excise, Estatt, Civil Penalty, etc.) (see instructions) OME CIVIL PENALT Specific use not recorded on use not recorded on CAF, chech and the complete of tax information of the complete of tax information of the complete of the complete of tax information of the complete of the complete of the complete of the complete of tax information of the complete o	Taxpayer information. Taxpayer must sign and date this form of the rame and address (type or print) anne Gahs 19 Tony Terrace nont, CA 94555 Appointee. If you wish to name more than one appointee, attack and address AH ANN P. MACAPOBRE - OPTIMA TAX RELIEF, LLC 13. HARBOR BLVD., STE 250 TA ANA, CA 92704 Tax matters. The appointee is authorized to inspect and/or receiline. Do not use Form 8821 to request copies of tax returns. (a) Type of Tax Type of Tax Civil Penalty, etc.) (see instructions) OME CIVIL PENALTY Disclosure of tax information (you must check a box on line 5 of the following significant on the same tax matters you listed on line 3 above. Retention/revocation of tax information authorizations. This authorizations for the same tax matters you listed on line 3 above to revoke a prior tax information authorization, see the instructions. To revoke this bax To revoke this tax information authorization, see the instructions. Signature of taxpayer. If signed by a corporate officer, partner, party other than the taxpayer, I certify that I have the authority to periods shown on line 3 above. If NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLET. June 15 Tax Form Number (1040, 941, 720, etc.) Disclosure of tax information authorization, see the instructions and if you do not want any copies of notices or communications. This authorizations for the same tax matters you listed on line 3 above to revoke a prior tax information authorization, see the instructions. Fignature of taxpayer. If signed by a corporate officer, partner, party other than the taxpayer, I certify that I have the authority to periods shown on line 3 above. Do NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLET. June 15 Tax Form Number (1040, 941, 720, etc.) Signature Gahs	Taxpayer information. Taxpayer must sign and date this form on line 7 anne Gahs '9 Tony Terrace nont, CA 94555 Appointee. If you wish to name more than one appointee, attach a list to a rad address AH ANN P. MACAPOBRE - OPTIMA TAX RELIEF, LLC 'S. HARBOR BLVD., STE 250 TA ANA, CA 92704 Tax matters. The appointee is authorized to inspect and/or receive continue. Do not use Form 8821 to request copies of tax returns. (a) Type of Tax Tax permit Number (1040, 941, 720, etc.) (See Imployment, Payroll, Excise, Estate, Civil Penalty, etc.) (see instructions) OME CIVIL PENALTY 1040, 1099's, W-2's 1990 Specific use not recorded on Centralized Authorization File (CAF). use not recorded on CAF, check this box. See the instructions. If you want copies of tax information, notices, and other written combasis, check this box Note. Appointees will no longer receive forms, publications and other relif you do not want any copies of notices or communications sent to your Retention/revocation of tax information authorizations. This tax info authorizations for the same tax matters you listed on line 3 above unles to revoke a prior tax information authorization, see the instructions. Signature of taxpayer. If signed by a corporate officer, partner, guardia party other than the taxpayer, I certify that I have the authority to execut periods shown on line 3 above. IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIC DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE. Signature Suzanne Gahs Print Name	Taxpayer information. Taxpayer must sign and date this form on line 7. For name and address (type or print) Appointee. If you wish to name more than one appointee, attach a list to this form. Appointee. If you wish to name more than one appointee, attach a list to this form. APPOINTEE. If you wish to name more than one appointee, attach a list to this form. AH ANN P. MACAPOBRE - OPTIMA TAX RELIEF, LLC Is and address AH ANN P. MACAPOBRE - OPTIMA TAX RELIEF, LLC Is . HARBOR BLVD., STE 250 TA ANA, CA 92704 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information fine. Do not use Form 8821 to request copies of tax returns. (a) (b) Tax Form Number (1040, 941, 720, etc.) (c) Year(s) or Period(s) (see the instructions for line 3) OME CIVIL PENALTY 1040, 1099's, W-2's Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 it fly you want copies of tax information, notices, and other written communications sent to the basis, check this box. Note. Appointees will no longer receive forms, publications and other related materials with the rif you do not want any copies of notices or communications. This tax information authorization authorizations for the same tax matters you listed on line 3 above unless you checked the box of to revoke a prior tax information authorization, you must attach a copy of any authorization sy and check this box To revoke this tax information authorization, you must attach a copy of any authorization sy and check this box First Name Tile Don or signed by a corporate officer, partner, guardian, executor, receiver, adapatry other than the taxpayer, I certify that I have the authority to execute this form with respect the periods shown on line 3 above. First Name Don Not Signet And Dated, This Tax Information Authorization will be returned. Don Not Signet This Form If It is BLANK OR INCOMPLETE. Don Not Signet This Form If It is BLANK OR INCOMPLETE. Don Not Signet This Form In It is BLANK OR IN	Taxpayer information Taxpayer must sign and date this form on line 7. Taxpayer identification number(e) 214-78-1079 Deprime selegible price Deprime selegible Deprim

Cat. No. 11596P

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

nternal Revenue Service	a copy or transcript of your tax re	tuiii, us	e i Oilli 4300, 4300-1, 01 43	Date	
1 Taxpayer information. Taxpaye	r must sign and date this form o	n line 7			
Taxpayer name and address (type or print)			Taxpayer identification numb	per(s)	
Suzanne Gahs			214-78-1079		
34179 Tony Terrace			Daytime telephone number	Plan number (if applicable	e)
Fremont, CA 94555			(650) 930-0592		
2 Appointee. If you wish to name i	more than one appointee, attacl				
Name and address		CAF N	o. 0310-58151R		
JOANNE PROTACIO - OPTIMA 1			P00849995		
3100 S. HARBOR BLVD., STE 25	50	1	one No. 800-536-0734		
SANTA ANA, CA 92704		ł	714-242-7709		
				elephone No. 🗌 Fax	
3 Tax matters. The appointee is a line. Do not use Form 8821 to red	quest copies of tax returns.	eive con			on this
(a) Type of Tax	(b)		(c)	(d)	o inatu \
(Income, Employment, Payroll, Excise, Estate,	Tax Form Number (1040, 941, 720, etc.)	(see	Year(s) or Period(s) the instructions for line 3)	Specific Tax Matters (se	e mstr.)
Gift, Civil Penalty, etc.) (see instructions)		,	·	_	
INCOME CIVIL PENALTY	1040, 1099's, W-2's	1990	THROUGH 2014	NOT APPLICA	BLE
		ı			
4 Specific use not recorded on ouse not recorded on CAF, check					eific
5 Disclosure of tax information (you must check a box on line 5a	a or 5b ı	unless the box on line 4 is	s checked):	
a If you want copies of tax inform	mation, notices, and other writt	ten com	munications sent to the	appointee on an ongo	ing
basis, check this box					
Note. Appointees will no longer in					_
b If you do not want any copies of	notices or communications sen	t to you	appointee, check this b	ox	▶ □
6 Retention/revocation of tax inf authorizations for the same tax r to revoke a prior tax information and check this box	matters you listed on line 3 abov	ve unles	s you checked the box o	on line 4. If you do not w	ant
To revoke this tax information au	uthorization, see the instructions				
7 Signature of taxpayer. If signed party other than the taxpayer, I c periods shown on line 3 above.	ertify that I have the authority to	execut	e this form with respect t	to the tax matters and ta	x
► IF NOT SIGNED AND DATED	, THIS TAX INFORMATION AU	THORI	ZATION WILL BE RETU	KNED.	
DO NOT SIGN THIS FORM IF	FIT IS BLANK OR INCOMPLET	ΓE.	1	02/06/2015	
Signature			Dat	te	
Suzanne Gahs					
Print Name			Title	(if applicable)	-
PIN r	number for electronic signature				