

FORM 2848-ME

Power of Attorney and Declaration of Representative

Maine Revenue Services 24 State House Station Augusta, ME 04330-0024

PART I Power of Attorney			!			
1 Taxpayer information: (Taxpayer(s) must	t sign and date this form b	elow.)				
Taxpayer(s) name(s)		Social Security Number(s)		Federal Identification Number		
Street Address		1		Telephone Number		
City, State and Zip						
2 Representative(s): Hereby appoint(s) the	following individuals(s)*					
<u>Name</u>	<u>Address</u>			Telephone Number		
as attorney(s)-in-fact to represent the taxpay of tax and year(s) or period(s) at issue, or da		ue Services for the	following tax	matter(s). Specify the type(s)	
3 Tax Matters:						
<u>Type of Tax</u> (Individual, Corporate, Sales, Excise, Etc.)	Maine Form N (1040ME, 1120ME, Sal			Year(s) or Period(s) te of Death if Estate Tax)		
The attorney(s)-in-fact listed above are authorized that the principal(s) can perform with research otherwise authorized in this power of att	spect to the above specific					
4 Notices and Communications. By filing originals or copies of notices and any other watter(s) to the representative first named all	written communications co					
NOTICE: This authorization does not require especially computer generated notices, only	e Maine Revenue Services				•	
5 Retention/revocation of prior power(s) of attorney on file with Maine Revenue Servi do not want a prior power of attorney revoke	ces for the same tax matte	er(s) and year(s) or	period(s) cov	ered by t	this document. If you	
(You must attach	a copy of any power of	attorney you want	to remain in	effect.)		
6 Signature of or for taxpayer(s): If a tax is requested. If signed by a corporate officer execute this power of attorney on behalf of the	r, partner, or fiduciary on b					
Signature	Title, if application	able			Date	
Print Name						
Spouse Signature (if applicable)	Title, if application	able			Date	
Print Name					Over ⇒	

	is granted to a person other thust be witnessed or notarized be		c accountant or enrolled agent, th	
The person(s) si	igning as or for the taxpayer(s):	(Check and complete one.)		
is/are knowr appear here	n to, and signed in the presence ::	of, the two disinterested witnes	sses whose signatures	
	(Signature of Witness)		(Date)	
	(Signature of Witness)		(Date)	
appeared th	is day before a notary public an d.	d acknowledged this power of a	attorney as a voluntary	
Witness:	ess:		NOTARIAL SEAL	
	(Signature of Notary)	(Date)		
My commiss	sion expires:			
PART II Declaration o	f Representative			
 Duly qualified to p An enrolled agen A bona fide office A full-time employ A member of the A fiduciary for the 	taxpayer's immediate family (sp	countant in the jurisdiction show ent of Treasury Circular 230; souse, parent, child, brother or s	n below;	
Designation (insert appropriate number from list above)	Jurisdiction (state, etc.)	Signature	Date	

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Revised: April, 2008