**Form 2848**
(Rev. Sept. 2013)
Forest County
Potawatomi
Community

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**Power of Attorney and Declaration of Representative**

- Type or print. See the separate instructions.

**Part I**

Power of Attorney Caution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the FCPC Tax Commission.

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**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

- Taxpayer name and address:

<table>
<thead>
<tr>
<th>Taxpayer identification number(s):</th>
</tr>
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</table>

- Daytime telephone number:

Taxpayer 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.

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Telephone No.</th>
<th>Fax No.</th>
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- Check if to be sent notices and communications
- Check if new Telephone No.
- Check if new Address
- Check if new Fax No.

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- Check if new Address
- Check if new Fax No.

To represent the taxpayer before the FCPC Tax Commission for the following matters:

**3 Matters**

<table>
<thead>
<tr>
<th>Description of Matter (Sales tax, Use tax, Lodging tax)</th>
<th>Year(s) or Period(s) (if applicable) (see instructions for line 3)</th>
</tr>
</thead>
</table>
4 Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

Disclosure to third parties; Substitute or add representative(s); Signing a return;

Other acts authorized: ________________________________________________________________  (see instructions for more information)

List any specific deletions to the acts otherwise authorized in this power of attorney: ___________

5 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 FCPC Tax Commission for the same matters and years or periods covered by this document.

6 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 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 ___________________________ Date ___________ Title (if applicable) ________________

Print Name ___________________________ PIN Number ___________ Print name of taxpayer from line 1 if other than individual ________________

Part II Declaration of Representative

Under penalties of perjury, I declare that:
• 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 and/or a member in good standing of the FCPC Tribal Court.
  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 IRS Circular 230.
Designation— Insert above letter (a–r)

Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.

Licensing jurisdiction (state) or other licensing authority (if applicable)

<table>
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<tr>
<th>Designation— Insert above letter (a–r)</th>
<th>Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.</th>
<th>Licensing jurisdiction (state) or other licensing authority (if applicable)</th>
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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.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.