



Illinois Department of Revenue
Form IL-2848
Power of Attorney



Check **one** box (See instructions) ☐ **Add:** New POA ☐ **Add:** Additional POA ☐ **Change:** Existing POA ☐ **Remove:** Existing POA

Step 1 - Taxpayer Information

SAMUEL TORIMIRO
Taxpayer's name (person or business)

844-79-3602
FEIN, SSN, or Illinois Account ID

Spouse's name (if joint income tax return)
1128 4TH STREET, ap.5A
Taxpayer's Street Address

Spouse's SSN (if joint income tax return)
CHARLESTON IL 61920
City State ZIP

Taxpayer Phone Number

Taxpayer's Email address

☐ Check this box if your authorized agent (corporate officer, partner, or individual on behalf of the taxpayer) or fiduciary is executing this form **and** complete Step 4 in addition to Steps 1, 2, 3, 5, and 6.

Step 2 - Power of Attorney Information ☐ Form IL-2848-A attached _____ How many Forms IL-2848-A are attached?

Check **one** box: ☐ Attorney ☐ Certified Public Accountant ☒ Enrolled Agent ☐ Other (Complete Step 6)

MARIA YORDANOVA
Power of Attorney's name
0313-08780R
Identification Number (Attorney License, PTIN, FEIN, SSN)

Sprintax Inc
Firm Name
TAXPREPARATION@TAXBACK.COM
Email Address

Sprintax Inc, 79 Madison Avenue, Floor 8
Power of Attorney's Street Address

New York NY 10016-7810
City State ZIP

(888) 203 8900
Daytime Phone Number

(312) 873 4202
Fax Number

☒ Check this box to authorize IDOR to send duplicate copies of notices to the Power of Attorney listed here.

If your Power of Attorney is an attorney, certified public accountant, or enrolled agent, the Power of Attorney must complete this section:

I declare that I am not currently under suspension or disbarment, and that I am

- a member in good standing of the highest court of the jurisdiction indicated;*
or
- duly qualified to practice as a certified public accountant in the*
jurisdiction indicated;
or
- enrolled as an agent pursuant to the requirements of United*
States Treasury Circular #230.

Power of Attorney Signature Date

MARIA YORDANOVA REPRESENTATIVE
Power of Attorney Printed Name Jurisdiction

Step 3 - Authority Granted

I grant the above person, and anyone included in the attachment,

☒ **full** authority, authorizing them to act on my behalf in all tax matters with IDOR.

☐ **limited** authority (check only the boxes that apply). By checking boxes, the appointee(s) will be authorized to act on my behalf only for the indicated tax matters. If I do not indicate a specific year, period, or Audit ID for a selected tax type, I am granting authority for all years or periods.

Tax Type	Years/Periods/Audit ID
<input checked="" type="checkbox"/> Individual Income Tax	<u>2023</u>
<input type="checkbox"/> Withholding Income Tax	_____
<input type="checkbox"/> Excise Tax	_____
<input type="checkbox"/> Business Income Tax	_____

Tax Type	Years/Periods/Audit ID
<input type="checkbox"/> Sales and Use Tax	_____
<input type="checkbox"/> Vehicle Use Tax (RUTs)	_____
<input type="checkbox"/> NPL/1002D	_____
<input type="checkbox"/> Specific Authority Granted. Attach Form IL-2848-B.	

☐ Check this box if the appointee(s) is not authorized to sign tax return.



Step 4 - Authorized Agent/Fiduciary

If you checked the box in Step 1 indicating that your authorized agent (corporate officer, partner, or individual on behalf of the taxpayer) or fiduciary is executing this form, complete this Step in addition to Steps 1, 2, 3, 5, and 6.

Corporate Officer, Partner, Individual, or Fiduciary Name

Title (Corporate Officer, Partner, Individual, or Fiduciary)

()

Email Address

Daytime Phone Number

Street Address

City

State

ZIP

Step 5 - Signature

This form must be signed by the taxpayer(s) listed in Step 1 unless it is being signed by an authorized agent (corporate officer, partner, or individual on behalf of the taxpayer) or fiduciary who certifies: *"That I have the authority to execute this power of attorney on behalf of the taxpayer."* **Note:** If the Other box in Step 2 of this form or in any section of Form IL-2848-A, is checked, this section **must** be signed in front of the witnesses or notary as documented in Step 6.



Taxpayer (Authorized Agent/Fiduciary) Signature

Printed Name

Title (if applicable)



Date

Spouse's Signature (required if listed in Step 1)

Printed Name

Date

Step 6 - Witness (if applicable)

If you checked the Other box in Step 2 of this form or in any section of Form IL-2848-A, this section must be completed. This section must be signed by two witnesses **or** notarized for the form to be considered complete.

Any person, signing in Step 5, as or for the taxpayer,



is known by (and this document is signed in the presence of)
two disinterested witnesses whose printed names and signatures appear here

Signature of Witness

Date

Signature of Witness

Date

Printed Name of Witness

Printed Name of Witness

OR



appeared this day before a notary public and acknowledged, by signing in
my presence, this power of attorney as his or her voluntary act and deed

Signature of Notary Public

Date

Notary Seal