

How to Prepare Form 2848 for Deceased Taxpayer:

You must follow the form instructions for line 1 under the section, "Deceased individuals", found on page 4. For Form 1040, U.S. Individual Income Tax Return, you must enter the name and Social Security Number (or Individual Taxpayer Identification Number) of the decedent and the name, title, and address of the decedent's Executor or Personal Representative. In addition, even though it is not mentioned in the instructions, the CAF Unit will need proof that the person is authorized to manage the deceased person's affair and the estate. You may refer to https://www.irs.gov/individuals/request-deceased-persons-information.

Therefore, you should annex to the Form 2848, the following documents:

Proof showing the Executor or Personal Representative is authorized to manage the deceased person's affairs and the estate (e.g., copy of the death certificate along with copy of Letter of Testamentary approved by the court, valid court certificate, or Form 56, Notice Concerning Fiduciary Relationship).

Letters of Testamentary, also called Letters of Administration or Letters of Representation, is a document issued by the probate court. The document grants the authority to an estate administrator, executor, or personal representative to manage the deceased taxpayer's affairs and estate.

Please refer to the example enclosed.

(Rev. January 2021) Department of the Treasury Internal Revenue Service

Power of Attorney

Part I

Power of Attorney and Declaration of Representative

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored

OMB No. 1545-0150

For IRS Use Only
Received by:
Name
Telephone
unction

	for any purpose other than representation before the IRS		Date / /				
1 1	Taxpayer information. Taxpayer must sign and date this form on	page 2, line 7.					
Taxpaye	r name and address	Taxpayer identification number(s)					
		Daytime telephone number Plan n	number (if applicable)				
hereby a	ppoints the following representative(s) as attorney(s)-in-fact:						
2 1	Representative(s) must sign and date this form on page 2, Part II.						
Name ar	nd address	CAF No.					
		PTIN					
		Telephone No.					
		Fax No.					
Check if	to be sent copies of notices and communications	Check if new: Address Telephone No. Fax No.					
Name an	nd address	CAF No.					
		PTIN					
		Telephone No.					
		Fax No.					
Check if	to be sent copies of notices and communications	Check if new: Address Telephone No. Fax No.					
Name ar	nd address	CAF No.					
		PTIN					
		Telephone No.					
		Fax No.					
<u> </u>	S sends notices and communications to only two representatives.)						
Name an	nd address	CAF No.					
		PTIN					
		Telephone No.					
/Note: ID	OC condo noticos and communications to only two various statives	Fax No					
	AS sends notices and communications to only two representatives.) Sent the taxpayer before the Internal Revenue Service and perform		Tax No.				
-	• •	•	ventative(a) to receive and				
i r	Acts authorized (you are required to complete line 3). Except fo nspect my confidential tax information and to perform acts I can representative(s) shall have the authority to sign any agreements, representative to sign a return).	perform with respect to the tax matters described	below. For example, my				
Whist	tion of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Eleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 180H Shared Responsibility Payment, etc.) (see instructions)		Period(s) (if applicable) see instructions)				
	Specific use not recorded on the Centralized Authorization FICAF, check this box. See <i>Line 4. Specific Use Not Recorded on C</i>	AF in the instructions	• □				
	Additional acts authorized. In addition to the acts listed on line 3 nstructions for line 5a for more information): Access my IRS re Authorize disclosure to third parties; Substitute or additional acts and acts listed on line 3 nstructions.		- ,				
-							
	Other acts authorized:						
-							

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b	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):						
6	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 form. If you do not want to revoke a prior power of attorney, check here						
7	of attorne partnersh taxpayer,	by even if they are ap ip representative (or I certify I have the lega	pointing the same representativ designated individual, if applica al authority to execute this form o	re(s). If signed by a coable), executor, received by behalf of the taxpayer	return was filed, each spouse must file a proporate officer, partner, guardian, tax er, administrator, trustee, or individua er. IS POWER OF ATTORNEY TO THE	matters partner, other than the	
		Signature		Date	Title (if applicable)		
		Print name		Print name of t	taxpayer from line 1 if other than individu	 ıal	
Par	De	claration of Repr	esentative	T THIC HAITIC OF	taxpayer nerr line i ii other than married	<u> </u>	
			ture below I declare that:				
	•		rred from practice, or ineligible fo	or practice, before the I	Internal Revenue Service:		
		•	•	•	g practice before the Internal Revenue Se	ervice:	
		-	yer identified in Part I for the mat	-		•	
	one of the t						
аА	ttorney-a	member in good stand	ing of the bar of the highest cour	t of the jurisdiction sho	own below.		
b C	ertified Pub	lic Accountant-a hold	der of an active license to practic	e as a certified public a	accountant in the jurisdiction shown belo	ow.	
сE	nrolled Age	nt-enrolled as an age	nt by the IRS per the requiremen	ts of Circular 230.			
d C	Officer—a bo	ona fide officer of the ta	axpayer organization.				
e F	ull-Time Em	ployee-a full-time em	ployee of the taxpayer.				
f F	amily Memb	er-a member of the ta	xpayer's immediate family (spouse	e, parent, child, grandpa	rent, grandchild, step-parent, step-child, l	orother, or sister).	
_		ary—enrolled as an ad ited by section 10.3(d)		Enrollment of Actuaries	s under 29 U.S.C. 1242 (the authority to	practice before	
p c	repared and laim for refu	I signed the return or on the return or on the signed the return or one of the signer.	claim for refund (or prepared if the	ere is no signature spa I Annual Filing Season	return preparer may represent, provided ce on the form); (2) was eligible to sign the Program Record of Completion(s). See information.	he return or	
	, ,		•		ne IRS by virtue of his/her status as a law I for additional information and requirem		
		rement Plan Agent—er nue Service is limited l		t under the requiremen	nts of Circular 230 (the authority to pract	ce before the	
P	OWER OF	ATTORNEY. REPI	RESENTATIVES MUST SIGN	I IN THE ORDER LI		RETURN THE	
Note:	For designa	itions d–f, enter your ti ⊤	tle, position, or relationship to the	e taxpayer in the "Licer	nsing jurisdiction" column.		
Ins	ignation— ert above ter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)		Signature	Date	

<Insert> Appointment Letter From Probate Court

<Insert> Death Certificate