

Illinois Department of Revenue
IL-2848 Power of Attorney



Read this information first

Submit your completed form to **REV.POA@illinois.gov**. Do **not** attach to your tax return. You also may be required to provide a copy of this form to a representative of the Illinois Department of Revenue. This power of attorney automatically expires 10 years from the date it is signed. If you do not properly complete this form, you will be required to submit a new Form IL-2848. See the instructions for additional information.
Note: A separate form may need to be completed for each taxpayer. An asterisk (*) below indicates a required field.

Step 1: Complete the following taxpayer information

Name of individual or business*		Identification number (i.e., FEIN or SSN)* - All nine digits required.	
Street address*		Illinois Account ID (if known)	
City*	State*	ZIP*	Daytime phone number*

Step 2: Identify the authorized agent or fiduciary executing this form - Signature required in Step 6

Complete the following if the taxpayer is a corporation, partnership, trust, or estate (i.e., not an individual taxpayer) or if someone other than the taxpayer is authorizing the power of attorney and the taxpayer is an individual. If you are not the taxpayer and you already have been designated by the courts as power of attorney, do **not** complete this form. Instead complete Form IL-56, Notice of Fiduciary Relationship. See instructions for who can execute this form.

Name*		Title*	
Street address*		Daytime phone number*	
City*	State*	ZIP*	Email address

Step 3: Identify the representative(s) - If more than two representatives, list the total number here: _____

Attach a copy of page one for every two additional representatives. (See instructions.) **Note:** If any representative listed is a person who is **not** an attorney, a certified public accountant, or an enrolled agent, you must complete the notary section of Step 6.

The taxpayer named above appoints the following representative as attorney-in-fact:

See attached authorized user list

Name of individual*

Check one: (if applicable) Attorney CPA Enrolled agent

Compupay, Inc. dba BenefitMall

Name of firm, if applicable

59-2022495

Identification number (Attorney License No., PTIN, FEIN, or SSN)* - See instr.

3450 LAKESIDE DR SUITE 400

Street address*

Miramar FL 33027

City* State* ZIP*

(954) 874-4800 ()

Daytime phone number* Fax number

DL-ElectronicTaxFiling@benefitmall.com

Email address

Check this box if you want to authorize the Department to send duplicate copies of notices to the representative listed above.

Complete the following if a box above is checked to indicate that the representative is an attorney, CPA, or enrolled agent

- I declare that I am **not** currently under suspension or disbarment and that I am
- a member in good standing of the bar of the highest court of the jurisdiction indicated below; or
 - duly qualified to practice as a certified public accountant in the jurisdiction indicated below; or
 - enrolled as an agent pursuant to the requirements of United States Treasury Department Circular Number 230.

Signature of representative _____ Date _____

Print name _____ Jurisdiction (state(s), etc.) _____

Name of individual*

Check one: (if applicable) Attorney CPA Enrolled agent

Name of firm, if applicable

Identification number (Attorney License No., PTIN, FEIN, or SSN)* - See instr.

Street address*

City* State* ZIP*

() ()

Daytime phone number* Fax number

Email address

Check this box if you want to authorize the Department to send duplicate copies of notices to the representative listed above.

Signature of representative _____ Date _____

Print name _____ Jurisdiction (state(s), etc.) _____

