

## State of Rhode Island Division of Taxation



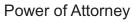
## Power of Attorney



14103999990101

Taxpayer name		Social security or	federal identification number				
Taxpayer Hame		Social security of	lederal identification number				
Address	City, town or pos	office	State ZIP code				
Taxpayer name		Social security or	federal identification number				
Address	City, town or pos	: office	State ZIP code				
hereby appoints:							
Power of Attorney name		Telephone numbe	:F				
Address	City, town or pos	office	State ZIP code				
Power of Attorney name		Telephone numbe	er				
Address	City town or necessary	office	State ZID and				
Address	City, town or pos	. Office	State ZIP code				
as attorney(s)-in-fact to represent the taxpayer(s) before the office of the State of Rhode Island, Division of Taxation, for the following state matters (specify the type(s) of tax and year(s) or period(s) (date of death if this is for estate tax)):							
The attorney (s)-in-fact (or either of them) are authorized, subject to revocation, to receive confidential information and to perform on behalf of the taxpayer (s) the following acts for the above tax matters:  Check off any of the following which are NOT granted.  To receive, but not to endorse and collect, checks in payment of any refund of state taxes, penalties or interest.  To execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.  To execute consents extending the statutory period for assessment or collection of taxes. To execute closing agreements.  To represent taxpayer (s) at preliminary reviews and administrative hearings. (Must be an attorney, person authorized by law to practice accountancy, or partner or corporate officer of taxpayer as provided by the Administrative Hearing Procedures.)  Other acts (specify)  Notices and other written communications in proceedings involving the above matters shall be sent to the above named attorney (s) so long							
as this power of attorney remains in effection copies to be sent to the taxpayer (s).	•						
This power of attorney revokes all earlier powers of attorney and tax information authorizations on file with the Division of Taxation office for the same matters and years or periods covered by this form, except the following (Specify to whom granted, date granted, and address including ZIP code; or refer to attached copies of earlier powers and authorizations):							
If signed by corporate officer, partner, or fiduciary on behalf of the taxpayer,							
I certify that I hat Taxpayer signature	ave authority to execute this power of attention Print name	orney on behalf of the taxpetic (if applicable)	oayer. Date				
		,					
Taxpayer signature	Print name	Title (if applicable)	Date				

## State of Rhode Island Division of Taxation **Form RI-2848**





14103999990102

This declaration must be completed by the attorney, certified public accountant, licensed public accountant, or enrolled agent.

I declare that I	am not currently under sus	pension or disbarment	from practice befor	e the Division of T	axation and that:				
	I am a member in good standing of the bar of the highest court of the jurisdiction indicated below; or								
	I am duly qualified to practice as a certified public accountant in the jurisdiction indicated below; or								
	I am a licensed public accountant in the jurisdiction indicated below.								
	I am actively enrolled to practice before the Internal Revenue Service.								
Designation (Attorney CPA	LPA or enrolled agent)	Jurisdiction (State, etc)		Signature	Date				
	<i>y</i>		MM	1					
	attorney is granted to a pe be witnessed or notarized b The person (s) signing as	pelow.			censed public accountant, or enr	olled			
	is/are known to and signed in the presence of the two disinterested witnesses whose signatures appear here:								
	Signature of witness			Date	Date				
	Signature of witness			Date					
	appeared this day before a notary public and acknowledged this power of attorney as a voluntary act and deed								
	Signature of notary			Date					

**NOTARIAL SEAL**