

วิธีการกรอก Form 2848 / Guide to Complete Form 2848

Part A

Form 2848 (Rev. June 2008) Department of the Treasury Internal Revenue Service	Power of Attorney and Declaration of Representative ▶ Type or print. ▶ See the separate instructions.	OMB No. 1545-0150 For IRS Use Only Received by: Name _____ Telephone _____ Function _____ Date ____/____/____
Part I Power of Attorney Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.		
1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.		
Taxpayer name(s) and address <div style="border: 1px solid black; padding: 10px; text-align: center; color: red; font-weight: bold; font-size: 2em;">A</div>	Social security number(s) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Employer identification number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Daytime telephone number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Plan number (if applicable) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

“Taxpayer name(s) and address” สำหรับกรอกชื่อและนามสกุล และตามด้วยที่อยู่ถาวรเป็นภาษาอังกฤษ

“Social security number(s)” กรอกหมายเลขผู้เสียภาษี 9 หลัก

“Daytime telephone number” กรอกหมายเลขโทรศัพท์ของท่าน

ตัวอย่างเช่น หมายเลขโทรศัพท์บ้าน +662 XXXXXXXX หรือ โทรศัพท์มือถือ +668 XXXXXXXX

Enter your Name and Surname and follow by your permanent address into “Taxpayer name(s) and address” column in ENGLISH.

Enter your 9 digits “Social security number(s)”

Enter your contact number into “Daytime telephone number”

i.e. Home no. +662 XXXXXXXX or Cellphone no. +668 XXXXXXXX

Part B

- 5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) 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 authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner’s (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: | _____

- 6 Receipt of refund** B I want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶ _____

For Privacy Act and Paperwork Reduction Act Notice, see page 4 of the instructions.

Cat. No. 11980J

Form **2848** (Rev. 6-2008)

“initial here _____” สำหรับใส่ตัวอักษรภาษาอังกฤษตัวแรกของชื่อและนามสกุล ยกตัวอย่างเช่น Peter Anderson ใส่ตัวอักษร “PA”

Enter your initial letter of your Name and Surname

i.e. “Peter Anderson” enters “PA”

Part C

- 7 **Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
 - a If you also want the second representative listed to receive a copy of notices and communications, check this box
 - b If you do not want any notices or communications sent to your representative(s), check this box
- 8 **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 tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here.
YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.
- 9 **Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. 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.

POWER OF ATTORNEY WILL BE RETURNED.

<input type="text" value="C"/>	<input type="text"/>	_____
Signature	Date	Title (if applicable)
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Print Name	PIN Number	Print name of taxpayer from line 1 if other than individual
_____	_____	_____
Signature	Date	Title (if applicable)
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Print Name	PIN Number	

“Signature” ลงลายมือชื่อตามหน้าหนังสือเดินทาง
“Date” ลงวันที่ที่กรอกแบบฟอร์มฉบับนี้
“Print Name” ลงชื่อตัวบรรจงเป็นภาษาอังกฤษ

“Signature” signs your name as appear in your passport
Enter “Date” that you complete this form
“Print Name” in English



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DO NOT MAIL

แบบฟอร์มฉบับนี้ใช้สำหรับเป็นข้อมูลเท่านั้น กรุณาอย่าส่งแบบฟอร์มฉบับนี้