

This is a FILL-IN format. Please do not **handwrite** any data on this form other than your signature.



# D-2848 Power of Attorney and Declaration of Representation

**OFFICIAL USE ONLY**

## ▲ Personal Information

Your first name, M.I., Last name for individual, or Business name  
 \_\_\_\_\_

Spouse first name, M.I., Last name for individual  
 \_\_\_\_\_

Your SSN, EIN or ITIN                      Spouse's SSN or ITIN                      Your daytime phone number  
 \_\_\_\_\_

Home address (number and street) or business address                      Apartment number  
 \_\_\_\_\_

City                      State                      Zip code  
 \_\_\_\_\_

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

▲ **Representative(s)** This Power of Attorney will not be valid unless the Representative(s) complete the **Declaration of Representative**, sign, and date this form on page 2.

Name and address EJF Rental Services LLC, 1428 U St NW FI 2nd, Washington, DC 20009	<input type="checkbox"/> DC Bar Number <input checked="" type="checkbox"/> EIN <input type="checkbox"/> SSN <input type="checkbox"/> PTIN <input type="checkbox"/> Other Professional ID: (Check one) .....3086 Telephone Number                      Fax Number 202-756-4000 E-mail Address rani.english@ejfrentals.com
Name and address N/A	<input type="checkbox"/> DC Bar Number <input type="checkbox"/> EIN <input type="checkbox"/> SSN <input type="checkbox"/> PTIN <input type="checkbox"/> Other Professional ID: (Check one) N/A Telephone Number                      Fax No. N/A E-mail Address N/A
Name and address N/A	<input type="checkbox"/> DC Bar Number <input type="checkbox"/> EIN <input type="checkbox"/> SSN <input type="checkbox"/> PTIN <input type="checkbox"/> Other Professional ID: (Check one) N/A Telephone Number                      Fax Number N/A E-mail Address N/A

## ▲ Tax Matters

Type of Tax (Income, Sales, etc)	Type of Form	Years or Periods
Income	D-30 Unincorp./D-20 Incorp. Taxes	2026-2030
Income	Basic Business License	2026-2030
Income	Rent Registry	2026-2030

## ▲ Acts authorized

The representatives are authorized to represent the taxpayer(s) before the Office of Tax and Revenue for the tax matters listed above, to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform (for example, the authority to sign any agreements, consents, or other documents).

This authority does not automatically include the power to receive or cash refund checks. If you wish to grant this authority to your authorized representative, you must list it as an additional authorized act below. List any specific additions or deletions to the authorized acts granted by this power of attorney.

THE OFFICE OF TAX AND REVENUE WILL CONTINUE TO SEND ALL NOTICES AND OTHER COMMUNICATIONS TO THE TAXPAYER AND WILL NOT AUTOMATICALLY SEND COPIES OF ANY NOTICE TO AN AUTHORIZED REPRESENTATIVE(S). If the taxpayer would like the authorized representative(s) to have access to notices, the taxpayer must request through [MyTax.DC.gov](http://MyTax.DC.gov) that the representative(s) be given third-party access to the taxpayer's online account. The representative(s) are only authorized to represent the taxpayer(s) before the District of Columbia's Office of Tax and Revenue. This form does not allow any representative(s) to represent the taxpayer before any other agency of the District of Columbia including, but not limited to, the Office of Administrative Hearings.

If you have any questions regarding the Power of Attorney, call (202) 727-4TAX (4829).

N/A	N/A
N/A	N/A
N/A	N/A

Taxpayer's SSN or FEIN

Taxpayer's Name

▲ **Retention/revocation of prior power(s) of attorney** By filing this power of attorney form, you automatically revoke all earlier power(s) of attorney on file with the Office of Tax Revenue 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.**

▲ **Signatures**

**Signature of taxpayer(s)** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. 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. If other than the taxpayer, print the name here and sign below.

N/A

▲ Your Signature

Date

Title if other than individual

N/A

Spouse's signature if filing jointly

Date

Telephone number if other than the taxpayer

N/A

**If not signed and dated, this power of attorney will not be processed and will be returned.**

▲ **Declaration of Representative** Representative(s) must complete this section and sign below.

Under penalties of perjury, I declare that:

- As the authorized representative of the taxpayer(s) identified for the tax matter(s) specified herein; I am one of the following:
  - a. A member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b. A Certified Public Accountant duly qualified to practice in the jurisdiction shown below.
  - c. An Enrolled Agent under the requirements of Treasury Department Circular # 230. **(You must attach a copy of your PTIN confirmation from the IRS. Failure to provide requested information may delay the processing of this form).**
  - d. **A bona fide officer of the taxpayer's organization.**
  - e. A full-time employee of the taxpayer, trust, receivership, guardian or estate.
  - f. A member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g. A general partner of a partnership.
  - h. Student Attorney or CPA- who has received permission to represent taxpayers before the IRS by virtue of their status as a law, business, or accounting student working in an Low Income Taxpayer Clinic or Student Tax Clinic Program
  - i. Other

Designation-  
Insert above  
letter(a-i)

Licensing jurisdiction (state)  
or other licensing authority  
(if applicable)

Bar, license, certification,  
registration, or enrollment number  
(if applicable)

Signature

Date

Designation- Insert above letter(a-i)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date

If you have any questions regarding the Power of Attorney, call (202) 727-4TAX (4829).

Mail the original Power of Attorney to:

Office of Tax and Revenue, Customer Service Administration, PO Box 470, Washington, DC 20044-0470

**If this declaration is not signed and dated, this power of attorney will not be processed and will be returned.**