IRSTaxFix.com
IRS Problem Resolution Worldwide

INSTRUCTIONS FOR LEVY RELEASE DOWNLOAD

Please complete the forms provided as instructed below and fax to me at 888-542-4255. You can also scan and email the forms to help@irstaxfix.com.

Power of Attorney (IRS Form 2848)

Please provide on page 1
Name including middle initial if any and suffix if any.
Spouse's name if I am representing both of you for any years..
Address, City, State, Zip
Social Security Number(s)
Page 2----
Please sign, print name, and date
If spouse is listed on page 1, spouse must also sign, print name and date

Client Info Sheet

Provide identifying information as best you can.
Provide Income for total household and total household expenses per month.
All amounts are per month.
Your signature is not required on this form.

Critical Information to Stop Levy

Please complete your name and phone numbers.

Please provide the name of the employer or institution being levied. If you have more than one levy, please provide both names.
Please provide a contact name for each employer or institution as well as a telephone number for that person, and a CONFIRMED fax number for that person.
Your levy release(s) will be faxed if the fax number is operating.
If the fax number is not operating, the release will be mailed to the same address the levy was mailed to. This results in several days of delays, so please CONFIRM the operation of the fax number.

Please fax these documents to me at 888-542-4255. If you have any difficulty, please call me at 888-473-7778 between 8 am and 8 pm.

20475 Hwy 46 West Ste 180 #425, Spring Branch, TX 78070-6124
(888) 473-7778 Fax (888) 542-4255 **www.IRSTaxfix.com** Email: help@IRSTaxfix.com

TaxFix Inc.

IRS Problem Resolution Worldwide

CRITICAL INFORMATION TO STOP YOUR LEVY!
IF THIS INFORMATION IS NOT ACCURATE, YOUR LEVY MAY NOT BE RELEASED.

CLIENT NAME:___________________________________

YOUR DAY/NIGHT PHONES_______________________

EMPLOYER OR BANK NAME RECEIVING THE LEVY:

WHAT PERSON SHOULD BE NOTIFIED BY THE IRS TO RELEASE THE LEVY?

MR MS

THEIR PHONE NUMBER WITH EXTENSION :

THEIR FAX NUMBER:

ANY SPECIAL INSTRUCTIONS ?_

IE: CALL BEFORE FAXING, WORKS NIGHTS, ETC.

20475 Hwy 46 West Ste 180 #425 Spring Branch TX 78070-6124
(888) 473-7778 Fax (888) 542-4255 **www.IRSTaxfix.com** Email: help@IRSTaxfix.com

TaxFix Inc. 888-473-7778 toll free   Fax Form to: 888-542-4255
Mailing Address all deliveries to: Tax Fix Inc. #425, 20475 Hwy 46 W. #180, Spring Branch TX 78070-6124

CLIENT INFORMATION SUMMARY

Name ________________________ Spouse __________________________ File jointly? Y N #kids in home ____

Birth Dates __/__/__ __/__/___ Address_______________________ City_________County_______ ST ____ Zip_____

Client Employer___________________________ Spouse Employer________________________ Bank________________

Former Names ____________________ Former Address_________________________ City_________ ST ____ Zip_____

Hm Ph____________ Wk ph __________ Cell_____________ Fax_____________ Email add_______________@___________

IRS claims $____________ for years:___________________ 1040/941?? Self Employed? Y N

Are tax returns filed up to date? Y N Years that need to be filed are _____________ Levy notices? Dated ___/___/___

Own home? Low Estimated Value $ ____________ Owe on Home $_______ Home Equity Loan?__$________

401K bal ___________ IRA bal_____________ Stocks_________________ Savings__________________

Bankruptcy? 7 11 13 Discharge Date ____________ How are you paid?_____________Spouse__________
Please be aware that these amounts are the basis for negotiating with the IRS. The IRS can request documentation and verification.
All amounts in table are monthly amounts. To calculate monthly take weekly X4.3, Bi Weekly x 2.16

Income	*Mr.*	*Ms.*	*!st Mortgage*		*Child Care Exp*		
Gross Wages			*2nd Mortgage*		*Child Support*		*Court ordered only*
Business Income			*Or Rent*		*Judgments*		*Court ordered only*
Other Inc (list):			*Electricity*		*Tax Ded/Pay*		
Child Supp			*Gas*		*Other Ded*		*List____________*
Alimony			Water		*Life Ins*		
Soc Sec			*Telephone*		*Secured Debt Pmts*		*List____________*
Retirement Pay			*Cell Phone*		*Other Debt Pmts*		*List____________*
Disability Pay			*Other Utilities*		*Car Pmt 1* *Car Pmt 2*		*No.months to pay _____* ***No.months to pay _____***
Royalties			*Home Insur*		*RV or Boat*		
Interest/Dividends			*Prop Tax*		*Health Ins*		
Other Income List ____________			*Pers Prop tax*		*Other Health Care*		*Rx,Dentist,Chiro,Co pays, Deductibles*

Assets; Estimate of sale value today in current condition

Auto 1	$		Mk Mdl Year Condition Miles
Auto 2	$		Mk Mdl Year Condition Miles
Residence			Condition? Repairs needed?$
Other Real Estate			Condition? Repairs needed?$
Cash on hand			
Banks/CU/Brokerage/etc.			
Retirement Fund			401K? IRA? Mr? Mrs?

List Special Hardships you are under that might help your case____
Any other Special Conditions or Problems worrying you?____

______________________________________ ___/____/_____
Client Signature Date

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	Social security number(s)	Employer identification number
	Daytime telephone number ( )	Plan number (if applicable)

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

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address	
RANDALL ANSON, 20475 STATE HIGHWAY 46, STE 180, PMB 425, SPRING BRANCH, TX 78070	CAF No. 2605-62320R Telephone No. 281-957-5265 Fax No. 830-935-2208 Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address	CAF No. Telephone No. Fax No. Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address	CAF No. Telephone No. Fax No. Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
INCOME	1040	1990-2009

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Uses Not Recorded on CAF** . . . . ► ☐

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 checks. If you 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) ►

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.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Signature	Date	Title (if applicable)

Print Name	PIN Number ☐☐☐☐☐	Print name of taxpayer from line 1 if other than individual

Signature	Date	Title (if applicable)

Print Name	PIN Number ☐☐☐☐☐

Part II Declaration of Representative

Caution: *Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II.*

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:

a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
d Officer—a bona fide officer of the taxpayer's organization.
e Full-Time Employee—a full-time employee of the taxpayer.
f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions.
k Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
l Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation—Insert above letter **(a–r)**	Jurisdiction (state) or identification	Signature	Date
C	2007-71868		