



# IL-2848-E Power of Attorney for Electronic Processing

## Read this information first

You must use this form if you are a designated agent (e.g., service group, CPA, or other agent) who makes electronic tax payments to the State of Illinois for your clients. **This form is required only if your client did not provide an authorized signature on Form EFT-1, Authorization Agreement for Electronic Funds Transfer.** You must keep this form in your books and records and make it available to us if we request.

## Step 1: Taxpayer information

### Business Taxpayer

Name \_\_\_\_\_  
 Business name \_\_\_\_\_ Owner's name \_\_\_\_\_

Address \_\_\_\_\_ FEIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ IBT no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Individual Taxpayer

Name \_\_\_\_\_  
 First name and middle initial \_\_\_\_\_ Spouse's first name and middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Street \_\_\_\_\_ Primary SSN \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Secondary SSN \_\_\_\_\_

## Step 2: Designated agent information

Authorization is granted to the designated agent identified below to initiate electronic tax payments to the State of Illinois on our behalf.

Name INFOCUS PAYROLL LLC \_\_\_\_\_  
 Designated agent's business name \_\_\_\_\_ Designated agent's name \_\_\_\_\_

Address 900 CHICAGO AVE SUITE 104 \_\_\_\_\_  
 Street \_\_\_\_\_ Authorized designated agent's signature \_\_\_\_\_

EVANSTON, IL 60202 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Date \_\_\_\_\_

## Step 3: Tax type or fee for participation (Check all that apply.)

Authorization is granted to the designated agent identified above to initiate the following electronic tax payments to the State of Illinois on our behalf.

- |                       |  |                                   |   |                                 |                                 |
|-----------------------|--|-----------------------------------|---|---------------------------------|---------------------------------|
| 1 Corporate Income:   | <input type="checkbox"/> IL-1120-ES        | <input type="checkbox"/> IL-505-B | 6 Elect. Dist. & Invested Capital:      | <input type="checkbox"/> ICT-1  | <input type="checkbox"/> ICT-4  |
| 2 Withholding Income: | <input checked="" type="checkbox"/> IL-501 |                                   | 7 Revenue Gas:                          | <input type="checkbox"/> RPU-50 | <input type="checkbox"/> RG-1   |
| 3 Individual Income:  | <input type="checkbox"/> IL-1040-ES        | <input type="checkbox"/> IL-505-I | 8 Public Utilities:                     | <input type="checkbox"/> RPU-50 | <input type="checkbox"/> RPU-13 |
| 4 Sales and Use:      | <input type="checkbox"/> RR-3              | <input type="checkbox"/> ST-1     | 9 Telecommunications Excise:            | <input type="checkbox"/> RPU-50 | <input type="checkbox"/> RT-2   |
| 5 Prepaid Sales:      | <input type="checkbox"/> PST-3             | <input type="checkbox"/> PST-1    | 10 Telecom. Infrastructure Maintenance: | <input type="checkbox"/> RT-10  |                                 |

## Step 4: Taxpayer's signature

If signing as a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have authority to execute this power of attorney.

\_\_\_\_\_  
 Taxpayer's signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Signature for the taxpayer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_