

**Power of Attorney
 and Declaration of Representative**

OMB No. 1545-0150

For IRS Use Only

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848.

Received by:

Name _____
 Telephone _____
 Function _____
 Date / /

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address Nevada News Bureau, Inc. 848 N. Rainbow Blvd. #4253 Las Vegas NV 89107	Taxpayer identification number(s) 27-3192716 Daytime telephone number Plan number (if applicable)
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hereby appoints 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 Katie Hampton 8675 S Eastern Ave Ste A Las Vegas NV 89123-2839 Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	CAF No. 0304-46495R PTIN P00292787 Telephone No. 702-269-9992 Fax No. 702-269-9993 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Jessica P Sayles 8675 S Eastern Ave Ste A Las Vegas NV 89123-2839 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. 0310-93562R PTIN P01530213 Telephone No. 702-269-9992 Fax No. 702-269-9993 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Lynn A. Myers 8675 S Eastern Ave Ste A Las Vegas NV 89123-2839 (Note: IRS sends notices and communications to only two representatives.)	CAF No. 9005-77066R PTIN P00541447 Telephone No. 702-269-9992 Fax No. 702-269-9993 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
Tax Exempt Entity	990, 990EZ, 990N	2013, 2014, 2015
Tax Exempt Status Re-instatement		

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 Use Not Recorded on CAF**

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):

6 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 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.**

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). 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 legal authority to execute this form on behalf of the taxpayer.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

President

Signature

Date

Title (if applicable)

Elizabeth Thompson

Nevada News Bureau, Inc.

Print Name

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the 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—licensed to practice as a certified public accountant is active in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
 - d** Officer—a bona fide officer of the taxpayer organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-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—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k** Student Attorney or CPA—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
 - 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 COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation — Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
b	Nevada	1371		11/02/16
b	Nevada	4960		11/02/16
b	Nevada	CPA-4085R		11/02/16

Form **8821**

(Rev. March 2015)

Department of the Treasury
Internal Revenue Service

Tax Information Authorization

- ▶ Information about Form 8821 and its instructions is at www.irs.gov/form8821.
- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Do not use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165

For IRS Use Only

Received by:
Name _____
Telephone _____
Function _____
Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address Nevada News Bureau, Inc. 848 N. Rainbow Blvd. #4253 Las Vegas NV 89107	Taxpayer identification number(s) 27-3192716 Daytime telephone number _____ Plan number (if applicable) _____
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2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** **X**

Name and address See Statement 1	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Tax Exempt Entity	990, 990EZ, 990N	2013, 2014, 2015	Rejection
Tax Exempt Status Re-			
instatement			

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6

- 5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):
- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box **X**
Note. Appointees will no longer receive forms, publications, and other related materials with the notices.
 - b** If you do not want any copies of notices or communications sent to your appointee, check this box

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box is not checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

- ▶ **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**
- ▶ **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature Elizabeth Thompson	Date
Print Name	Title (if applicable) President

Federal Statements**Statement 1 - Form 8821, Line 2 - Appointee Information****Description**

Katie Hampton
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839

CAF No.: 0304-46495R
PTIN: P00292787
Phone No.: 702-269-9992
Fax No.: 702-269-9993

Jessica P Sayles
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839

CAF No.: 0310-93562R
PTIN: P01530213
Phone No.: 702-269-9992
Fax No.: 702-269-9993

Lynn A. Myers
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839

CAF No.: 9005-77066R
PTIN: P00541447
Phone No.: 702-269-9992
Fax No.: 702-269-9993

e-Postcard WorksheetForm **990-N****2015**

For calendar year 2015, or tax year beginning , and ending

Name

Employer Identification Number

Nevada News Bureau, Inc.**27-3192716****Note: Form 990-N can ONLY be filed electronically, and is filed in lieu of Forms 990 or 990-EZ, if eligibility is met.**

The following items are required for a complete electronic submission:

1. Employer identification number (EIN), also known as a Taxpayer Identification Number (TIN) **27-3192716**
2. Tax year **2015**
3. Legal name of organization **Nevada News Bureau, Inc.**
 - Mailing street address **848 N. Rainbow Blvd. #4253**
 - Room or suite number
 - City or foreign province **Las Vegas**
 - State or foreign country code **NV**
 - Zip code **89107**
4. Any other names the organization uses (Doing Business As)
5. Principal officer name **Elizabeth Thompson**
 - Mailing street address **848 N Rainbow Blvd #4253**
 - Street address line 2
 - City or foreign province **Las Vegas**
 - State or foreign country code **NV**
 - Zip code **89107**
6. Web site address if the organization has one **www.nevadanewsbulletin.com**
7. Organization's annual gross receipts are normally \$50,000 or less **X**
8. Organization is terminated or in the process of termination