Form **12339** (April 2019)

**PART IV – Applicant Resume** 

Department of the Treasury - Internal Revenue Service

## Internal Revenue Service Advisory Council Membership Application

OMB Number 1545-1791

Complete this application and submit it no later than *Close of Business* on **June 10, 2019**, to <u>publicliaison@irs.gov</u>. You may also FAX your application to: 855-811-8021.

PART I - Applicant Information (Some of the	e information requested in	Part I is required to per	rform an FBI backgrou	nd check)	
Name	Maiden name or other name(s) used		Date(s) names were used		
Home street address				Home telephone number	
City		State		ZIP Code	
Date of birth (mm-dd-yyyy)	City of birth		State of birth		
Business name					
Business address			Job title		
City		State		ZIP Code	
Business telephone number	Business FAX number	er Email address			
Tax Exempt & Government Entities Wage & Investment  PART II – Applicant must complete and submit Form 13775, Tax		Professional Standards and Oversight Digital Services  X Check Waiver, with this form			
PART III – Desired Skills and Qualification	<b>s</b> (Complete the remaind	er of this section)			
Submit a short <i>(one or two page)</i> statement they relate to the following:	nt, including recent e	xamples, addressir	ng your specific sk	ills and qualifications as	
Applying tax law knowledge in the resolution of complex tax issues					
• Experience with information reporting					
Experience working with tax-exempt and/or government entities					
Experience working in a multi-cultural/multi-lingual environment					
Experience establishing successful strategic partnerships					
Digital industry experience to include of	online services for ta	x professionals and	d user experience	design	
• Experience working with third-party in	dividuals or organiza	tions who interact	with the IRS on be	half of taxpayers	
<ul> <li>Ability to examine issues from a "macro" viewpoint, and effectively communicate your views and recommendations regarding issues</li> </ul>					

Attach a copy of your resume, including prior Treasury and/or IRS employment. State position(s), title(s), and dates of employment. In addition, list professional credentials, membership in professional organizations, and local liaison activities with IRS, if applicable.

## PART V - Previous IRS Council/Committee Membership

Have you ever been a member of the Internal Revenue Service Advisory Council (formerly known as Commissioner's Advisory Group),
Art Advisory Panel, Electronic Tax Administration Advisory Committee, Taxpayer Advocacy Panel, Advisory Committee on Tax Exempt
and Government Entities or Information Reporting Program Advisory Committee? If so, include name of the council/committee and
dates of membership.

Council/Committee Name	Dates of Membership	
PART VI – Applicant Acknowledgement		
I certify that, to the best of my knowledge and belief, all of my statements are true, correct,	complete, and ma	de in good faith.
Applicant signature		Date signed

## **Privacy Act and Paperwork Reduction Act Notice**

The Privacy Act of 1974 requires that when we ask you for information about yourself, we state our legal right to do so, tell you why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for the information is Public Law 92-463 and Executive Order (E.O.) 9397. We are asking for the information in order to perform Federal income tax, FBI, and practitioner checks as required of all members and applicants to the Internal Revenue Service Advisory Council.

Supplying the information is voluntary and not directly required by law, but facilitates the processing of your application for membership in the IRS Advisory Council/Committee. Requesting your social security number, which is solicited under authority of E.O. 9397, is also voluntary and no right, benefit, or privilege provided by law will be denied as a result of refusal to disclose it. However, not providing all or any part of the information may limit consideration of your application.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103. The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is shown below. The estimated burden for all other taxpayers who file this form is approved under OMB control number 1545-1791.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, 1111 Constitution, Ave, NW, Washington, DC 20224. Do not send the form to this address. Instead, see the return address on the form.