Form **12339** (April 2020)

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 12, 2020**, to <u>publicliaison@irs.gov</u>. You may also FAX your application to: 855-811-8021.

PART I – Applicant Information (Soil	me of the information requ	ested in Part I is required to p	erform an FBI backgro	und check)	
Name	Maiden name	Maiden name or other name(s) used		Date(s) names were used	
Home street address				Home telephone number	
City		State	State ZIP Cod		
Date of birth (mm-dd-yyyy)	City of birth	City of birth State of			
Business name					
Business address			Job title		
City		State		ZIP Code	
Business telephone number	Business FAX	number	Email address		
Which of the areas listed below best s	⊥ suits your skill set? <i>(Che</i>	eck one box from each column))		
Column A		Column B			
Large Business & International ta	axpayers	General Tax A	General Tax Administration		
Small Business/Self-Employed taxpayers		Information Re	☐ Information Reporting		
Tax Exempt & Government Entities		Tax Practition	Tax Practitioner Professional Standards and Oversight		
Individual taxpayers		Digital Service	Digital Services		
PART II – Desired Skills and Qualifi	ications (Complete the re	emainder of this section)			
Submit a short (one or two page) state to any of the following:	atement, including re	cent examples, address	ing how your skills	and qualifications relate	
Applying tax law knowledge in to	the resolution of com	plex tax issues			
 Ability to examine issues from a regarding issues 	a "macro" viewpoint, a	and effectively communi	icate your views a	nd recommendations	
• Experience working with third-p	arty individuals or or	ganizations who interact	t with the IRS on b	ehalf of taxpayers	
• Experience with information rep	porting				
 Experience working with tax-ex 	empt and/or governn	nent entities			
Experience working with individ	lual income taxpayer	S			
 Experience working in a multi-c 					
	_		ad ugar aynariana	o docian	
Digital industry experience to in	iciude offilite services	s ioi tax professionals ar	iu usei experience	a design	

PART III - Applicant Resume

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.

Date signed

PART IV - Previous IRS Council/Committee Membership

Applicant signature

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 V – The applicant must submit a tax check waiver.			
Upon submitting Form 12339 to the IRS, the applicant will receive via email Form 14 The applicant must submit Form 14767 in order to complete the application process.	•		
PART VI – Applicant Acknowledgement			
I certify that, to the best of my knowledge and belief, all of my statements are true, co	orrect, complete, and made in good faith.		

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.

Preparing, copying, assembling, and sending the form to the IRS 1 hour., 30 mins.

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.