Information Reporting Program Advisory Committee Membership Application				OMB Number 1545-1791	
Complete this application and return You may also FAX your application Internal Revenue Service National Public Liaison CL: NPL – Room 7559 IR Attn: IRPAC Program Manager 1111 Constitution Avenue, N.W. Washington, DC 20224	to: 202-622-8345.	later than <i>Close of Bus</i>	<i>iness</i> on <u>May 31, 201</u>	12 .	
Federally registered lobbyists cannot Are you a federally registered lobby		ation Reporting Progra	m Advisory Committee.		
Yes (You are not eligible to appl	ly. Do not complete this appl	lication) 🗌 No (Co	omplete the remainder of	this application)	
PART I – Applicant Information (S	Some of the information requ	lested in Part I is requi	red to perform an FBI bac	kground check)	
Name	Maiden name or c	Maiden name or other name(s) used		Date(s) names were used	
Home street address			H	ome telephone number	
City		State	ZI	P Code	
Date of birth (mm-dd-yyyy)	City of birth	City of birth		State of birth	
Business name					
Business address			Job title		
City		State	ZI	P Code	
Business telephone number	Business FAX nu	Business FAX number		Email address	
PART II – Applicant must comple PART III – Desired Skills and Qua		, Tax Check Waiver, v	with this form		
Submit a brief statement addressing	your past or current affiliati				
represent and how such dealings w	ill allow you to know the view				

a short (one or two page) statement, including recent examples, addressing your specific skills and qualifications as they relate to the following:

- Experience working with tax information reporting.
- Experience developing and presenting issue resolution and recommendations.
- Experience developing and implementing customer service initiatives and tools.
- Experience in change management and improvement.
- Experience establishing successful strategic partnerships.
- Ability to examine issues from a macro viewpoint, and effectively communicate recommendations.

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PART IV – 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.

PART V – Other IRS Councils/Committees

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, Tax Exempt Advisory Committee or Information Reporting Program Advisory Committee? If so, include name of the councils/committees and dates of membership.

Councils/Committee name

PART VI – Applicant Acknowledgement

I certify that to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant signature

PRIVACY ACT STATEMENT

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 Advisory Council/Committee.

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.

Date signed

Dates of Membership