

Form <b>12339-C</b> (Rev. August 2015)	Department of the Treasury - Internal Revenue Service <b>Advisory Committee on Tax Exempt and Government Entities - Membership Application</b>	OMB Number 1545-1791
---	---	-------------------------

Complete all five parts of this application and return it no later than *Close of Business* on **Friday, September 4, 2015**.

**NOTE: Incomplete applications will not be processed.**

To expedite service, you have the option to mail your form electronically to [tege.advisory.comm@irs.gov](mailto:tege.advisory.comm@irs.gov).

You may also FAX your application to (888) 269-7419 (secure).

If you require alternative means to send the form, please call (202) 317-8798.

**PART I – Applicant Information** *(Some of the information requested in Part I is required to perform an FBI background check)*

First name	Middle name	Last name	
Home street address			Telephone number
City	State	ZIP Code	
Business name	Job title		
Business address			
City	State	ZIP Code	
Business telephone number	Business FAX number	Email address	

Which Tax Exempt and Government Entities customer segment vacancy are you applying for?

- ☐ Employee Plans
- ☐ Exempt Organizations
- ☐ Federal, State and Local Governments
- ☐ Indian Tribal Governments

**PART II - Desired Skills and Qualifications**

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

- Applying tax law knowledge related to employee plans, exempt organizations, government entities, or tax exempt bonds.
- Experience in business management and improvement.
- Experience establishing successful strategic partnerships.
- Ability to examine issues from a "macro" viewpoint, and effectively communicate.
- Your views and recommendations about these issues.

**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.

---

**PART IV - 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, please include name of the councils/committees and dates of membership.

Councils/Committees name	Dates of Membership

---

**PART V - Applicant Acknowledgement**

---

I agree to submit a Tax Check Waiver Form upon request and 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	Date signed

---

**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.

---

**Paperwork Reduction Act Notice**

---

Paperwork Reduction Act Notice. 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 ..... 10 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, Tax Exempt and Government Entities, SE:T:CL/NCA 676, 1111 Constitution Avenue, NW, Washington DC 20224. Do not send the form to this address. Instead, see the return address on the form.