Form **12339-C** (August 2017)

Department of the Treasury - Internal Revenue Service

## Advisory Committee on Tax Exempt and Government Entities - Membership Application

OMB Number 1545-1791

Complete all five parts of this application and return it no later than close of business of the date specified in the Federal Register Notice. See <u>irs.gov</u> for additional information.

NOTE: Incomplete applications will not be processed.

You may e-mail your application to tege.advisory.comm@irs.gov or

FAX your application to (888) 269-7419.

PART I – Applicant Information	(Some of the information red	quested in Part I is	s required to perfor	m an FBI background check)	
First name	Middle name	Middle name		Last name	
Home street address				Home telephone number	
City		State		ZIP code	
Business name		Job title			
Business address					
City		State		ZIP code	
Business telephone number	Business FAX num	Business FAX number		Business email address	
Which vacancy listed on the Federal F	Register Notice are you appl	ying for			
Employee Plans					
Exempt Organizations					
Indian Tribal Governments					
Tax Exempt Bonds					
Other (specify)					
PART II - Desired Skills and Qua	alifications				
Attach a two page maximum statemen	nt, including recent example	s, addressing you	r specific skills and	qualifications as they relate to:	
• Experience with TE/GE programs:	examinations, determinations	s, voluntary compl	iance, communicat	ions, etc.	
• Experience in business management					
Experience in administration or data					
<ul> <li>Experience establishing successful</li> <li>Ability to examine issues from a "ma</li> </ul>	· ·	tivaly aammuniaat	to vour views and r	a a a m m a n dation a a haut tha a a	

## **PART III - Applicant Resume**

Catalog Number 58763Y

issues.

Attach a copy of your resume, including prior Treasury or IRS employment. State positions, titles, and dates of employment. In addition, list any professional credentials, membership in professional organizations and local liaison activities with IRS.

PART IV - Other IRS Councils/Committees	
Have you ever been a member of the Internal Revenue Service Advisor Art Advisory Panel, Electronic Tax Administration Advisory Committee, Information Reporting Program Advisory Committee? If so, please include	Tax Exempt & Government Entities Advisory Committee or
Council/Committee name	Dates of membership
PART V - Applicant Acknowledgement	
I certify that to the best of my knowledge and belief, all of my statements request, I agree to submit a Tax Check Waiver Form.	s are true, correct, complete and made in good faith. <b>Upon</b>
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.