## Information Reporting Program Advisory Committee Membership Application

Please complete this application and return i	t to the following addre	ss no later than CLOS	E OF BUSINESS of	on May 31, 2007.	
Internal Revenue Service National Public Liaison CL:NPL:SRM - Room 7559 IR Attn: Caryl Grant 1111 Constitution Avenue, N.W. Washington, DC 20224		You may	y also fax your app	lication to: 202-622-8345	
PART I – Applicant Information (Some of	the information reques	ted in Part I is required	for your FBI back	ground 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	ity of birth		State of birth	
Business name					
Business address			Job title		
City		State	1	ZIP Code	
Business telephone number	Business FAX number		E-mail address		
PART II – Applicant must complete and re	eturn Form 12339-A, T	ax Check Waiver, wit	h this form		
PART III – Desired Skills and Qualificatior	าร				
Please submit a short (one or two page) stat relate to the following:	ement, including recen	t examples, addressing	g your specific skill	s and qualifications as they	
Experience working with tax information r	eporting.				
Experience working with an advisory grou	up or committee of a pro	ofessional organizatior	).		
Experience developing and presenting is	sue resolution and reco	mmendations.			
Experience developing and implementing	customer service initia	tives and tools.			
Experience in change management and i	mprovement.				
Experience establishing successful strate	egic partnerships.				
Ability to examine issues from a "macro"	viewpoint, and effective	ely communicate recon	nmendations.		
PART IV – Applicant Resume					
Please attach a copy of your resume, includi employment. In addition, list professional cre applicable.					
PART V – Other IRS Councils/Committees					
Have you ever been a member of the Interna Electronic Tax Administration Advisory Com Committee? If so, please include name of th	mittee, Tax Exempt Adv	visory Committee or In	formation Reportin		
Councils/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 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.