Internal Revenue Service Advisory Council Membership Application

Please complete this application and return it to the address below no later than *Close of Business* on **June 18, 2010**. You may also fax your application to: 202-927-4123.

Internal Revenue Service National Public Liaison - IRSAC CL:NPL — Room 7559-IR 1111 Constitution Avenue, N.W. Washington, DC 20224

PART I - Applicant Information (Soil	me of the information reques	ted in Part I is requi	red to perform an FBI	background check)
Name	Maiden name or othe	Maiden name or other name(s) used Date(s) names were used		rere used
Home street address				Home telephone number
City		State		ZIP Code
Date of birth (mm-dd-yyyy)	City of birth		State of birth	.1
Business name				
Business address			Job title	
City		State		ZIP Code
Business telephone number	Business FAX number	er	E-mail address	
PART II – Applicant must complete	and submit Form 12339-A.	Tax Check Waiver	with this form	
PART III – Desired Skills and Qualif				SAC)
Please submit a brief statement addrer represent and how such dealings will a submit a short (one or two page) state to the following:	allow you to know the view's	or position of that pa	articular organization	or group. In addition, please
 Applying tax law knowledge in the re Experience developing and implement Experience in business management Experience working in a multi-culture Experience establishing successful Ability to examine issues from a "magnetic form a "magnetic f	enting customer service initian nt and improvement. al/multi-lingual environment. strategic partnerships.	tives and tools.	ır views and recomme	endations regarding issues.
PART IV – Applicant Resume	·	· · · · · · · · · · · · · · · · · · ·		
Please attach a copy of your resume, employment. Additionally, list profession if applicable.				
PART V - Other IRS Councils/Comr	mittees			
Have you ever been a member of the Art Advisory Panel, Electronic Tax Ad Program Advisory Committee? If so, p	ministration Advisory Commit	ttee, Tax Exempt Ac	dvisory Committee or	Information Reporting
Councils/Committee name			Dates o	f 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 IRS 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. 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.