Tax Check Waiver

OMB No. 1545-1791

I am submitting this waiver to permit the Internal Revenue Service (IRS) to release information about me which would otherwise be confidential. This information will be used in connection with my application for appointment to membership in the IRS Advisory Committee/Council identified below. This information will also be used to verify returning members' continuing tax compliance with the terms of this waiver as a condition for continued membership. This waiver is made pursuant to 26 U.S.C. 6103(c).

terms	of this wai	ver as a condition for	continued membership. I	his waiver is made pursuant to 26 U.S.	C. 6103(c).	
Name of applicant				Enter the name of the IRS Advisory Committee/Council for which you are applying or continuing in membership		
1 Ha	ave you failed to timely file a Federal income tax return by the required due date			Check One Box		
(de ye: (N for wa thr	etermined vars for which otte: If the the most raiver, and Il ee years" varently beir	Yes	No			
ca	2. Have you failed to pay any tax, penalty, or interest liability during the current or last three calendar years within ten (10) days of the date on which the IRS gave notice of the amount due and requested payment?					No
3. Ar	e you now	or have you ever bee	Yes	No		
	ive any civi lendar yea	il penalties for fraud b rs?	Yes	No		
Name	es and add	resses shown on last	three returns (if different f	rom the information provided in the App	olicant Address and Sign	nature
	n on page	two).	·		modrit riddrodo dirid Oigi	iataro
	Year	Name(s)		Address		
1.	20					
_	00					
2.	20					
3.	20	-	·			
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If you are self-employed, provide the Business Names and Employ for the past three years	er Identification Numbers (EIN) asso	ciated with any self-employment	
Business Name	Employer Identification Number		
Applicant Address and Signature			
I am signing this waiver to permit the Internal Revenue Service (IRS) to releinformation will be used in connection with my application for/appointment to pursuant to 26 U.S.C. 6103(c).			
I request that the IRS' Office of Governmental Liaison and Disclosure release	se the following information to the approp	riate IRS officials.	
I authorize the IRS to release any additional relevant information necessary voluntarily giving the following information (<i>please type or print</i>).	to respond to the question above. To hel	p the IRS find my tax records, I am	
Applicant name	Social Security Number		
Home address			
City	State	ZIP code	
Home telephone number	Business/Work telephone number		
Applicant signature	Date signed		
(Signature of the applicant authorizing the disclosure of confidential tax information.)	of the applicant authorizing the disclosure of the applicant authorizing the disclosure of tax information.) (This consent is valid only if received by the IRS within 120 days of this date.)		
If married and filing a Joint Return (Spouse must complete	e the following information)		
Spouse's name	Social Security Number		
Spouse's signature	Date signed		
(If married and filing a Joint Return - Spouse's Signature is required.)	(This consent is valid only if received by the IRS within 120 days of this date.)		

Privacy Act Statement

The Privacy Act of 1974 requires that when we ask you 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 you for the information is 5 U.S.C. 301 and Executive Order (E.O.) 9397. We are asking for this information to determine your suitability as an employee (direct hire or contracted), consultant or advisor of the Internal Revenue Service.

If you do not provide us with this information, it may adversely affect our ability to consider you. Any adverse information will be shared with the appropriate IRS office(s) and may be disclosed to other federal agencies as required by law. Requesting you Social Security Number, under authority 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.