## Internal Revenue Service Advisory Council Membership Application

	Members	hip Applicatio	n		
Please complete this application and ret You may also fax your application to: 20 Internal Revenue Service National Public Liaison - IRSAC CL:NPL — Room 7559-IR 1111 Constitution Avenue, N.W. Washington, DC 20224		low no later than <i>Close</i>	of Business on	June 16	, 20 <b>09</b>
PART I – Applicant Information (The in			round check)		
Name	Maiden name or o	Maiden name or other name(s) used		Date(s) names were used	
Home street address				Home telepho	one number
City		State		ZIP Code	
Date of birth <i>(mm-dd-yyyy)</i>	City of birth		State of birth		
Business name					
Business address		Job title			
City		State	I	ZIP Code	
Business telephone number	Business FAX nu	mber	E-mail address	E-mail address	
PART II – Applicant must complete ar	nd submit Form 12339	-A, Tax Check Waiver	, with this form		
PART III – Desired Skills and Qualific	ations				
Please submit a short (one or two page) s relate to the following:	tatement, including rece	ent examples, addressir	ng your specific skill	ls and qualificatio	ns as they
Applying tax law knowledge in the re-	solution of complex tax	issues.			
Experience developing and implement	nting customer service i	nitiatives and tools.			
Experience in business management	t and improvement.				
Experience working in a multi-cultura	l/multi-lingual environm	ent.			
Experience establishing successful s	trategic partnerships.				
Ability to examine issues from a "mad	cro" viewpoint, and effe	ctively communicate yo	ur views and recom	mendations rega	ırding issues.
PART IV – Applicant Resume					
Please attach a copy of your resume, inc employment. Additionally, list profession applicable.					
PART V - Other IRS Councils/Commit	ttees				
Have you ever been a member of the In Advisory Panel, Electronic Tax Administ Advisory Committee? If so, please include	ration Advisory Commit	tee, Tax Exempt Adviso	ory Committee or In		
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 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.