Information Reporting Program Advisory Committee Membership Application

OMB Number 1545-1791

Complete this application and return it to the address below no later than Close of Business on May 31, 2012. You may also FAX your application to: 202-622-8345.

Internal Revenue Service National Public Liaison

Attn: IRPAC Program Manager 1111 Constitution Avenue, N.W.					
Washington, DC 20224 Federally registered lobbyists cannot be me	embers of the Informatio	n Reporting Program	Advisory Committe	e.	
Are you a federally registered lobbyist?		, , ,	•		
Yes (You are not eligible to apply. Do n	ot complete this applicat	tion) No (Com	plete the remainde	r of this application)	
PART I – Applicant Information (Some of	the information request	ed in Part I is required	d to perform an FBI	background check)	
Name	Maiden name or other name(s) used Date(s)		Date(s) names w	names were used	
Home street address			Home telephone number		
City		State		ZIP Code	
Date of birth (mm-dd-yyyy)	City of birth		State of birth		
Business name					
Business address			Job title		
City		State		ZIP Code	
Business telephone number	Business FAX number	er 	Email address		
PART II – Applicant must complete and	 submit Form 13775, Ta	x Check Waiver, wit	h this form		
PART III - Desired Skills and Qualification	ons				
Submit a brief statement addressing your prepresent and how such dealings will allow a short (one or two page) statement, includ following: Experience working with tax information respective to Experience developing and presenting is: Experience developing and implementing: Experience in change management and its Experience establishing successful strate. Ability to examine issues from a macro vi	you to know the view's or ing recent examples, and eporting. Sue resolution and record customer service initiate mprovement. gic partnerships.	or position of that part dressing your specific mmendations. ives and tools.	icular organization s skills and qualifica	or group. In addition, submit	

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PART IV - Applicant Resume

Attach a copy of your resume, including prior Treasury and/or IRS employment. State position(s), title(s), and dates of employment. In addition, list professional credentials, membership in professional organizations, and local liaison activities with IRS, if applicable.

PART V – Other IRS Councils/Committees			
Have you ever been a member of the Internal Revenue Service Advisory Council (formerly Art Advisory Panel, Electronic Tax Administration Advisory Committee, Tax Exempt Advisory Program Advisory Committee? If so, include name of the councils/committees and dates of	y Committee or	• • • • • • • • • • • • • • • • • • • •	
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, c	omplete, and ma	ade 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.