

## Taxpayer Advocacy Panel (TAP) Membership Application

Please complete and submit the application electronically from this web site. If you are unable to complete and submit the application electronically, please call 1-888-912-1227 to obtain a paper copy. Paper applications should be mailed to:

IRS TAP Office  
Stop 211– D Room 950  
401 W, Peachtree St. NW  
Atlanta, GA 30308

You may also fax the application to:  
1-404-338-8691

If you have questions, please call: 1-888-912-1227

Or visit our website at:  
[www.improveirs.org](http://www.improveirs.org)

Applications must be received no later than April 30, 2009.

All information provided in the  
application will remain confidential.

### **Paperwork Reduction Act Notice**

We ask for information on this form to carry out the Internal Revenue laws of the United States. Your response is voluntary.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on the individual circumstances. The estimated average time is 90 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, please submit your comments in writing to:

Internal Revenue Service  
Tax Products Coordinating Committee  
SE:W:CAR:MP:T:T:SP  
1111 Constitution Ave., NW  
Washington, DC 20224

Do not mail your Application to this address.

<b>PART I. A. PERSONAL INFORMATION</b>		
Last name:	First name:	Middle initial:
Home address - Street:		
City:	County:	State:
Zip code:	Home telephone: Please include area code (      )	
Cellular telephone:		Business telephone:
Legal resident of State:		E-mail address:
<input type="checkbox"/> Currently employed <input type="checkbox"/> Retired ( <i>Please indicate your former Employer and former Position Held/Occupation below.</i> ) <input type="checkbox"/> Other ( <i>Please clarify under Position Held/Occupation below.</i> )		
Employer:		
Position Held/Occupation:		
How did you hear about the IRS Taxpayer Advocacy Panel?		
Please tell us why you want to be a member of the IRS Taxpayer Advocacy Panel.		

**PART I. B. PANEL MEMBERSHIP REQUIREMENTS** (*Note: Current IRS or Treasury employees or former employees who last worked for the IRS or Treasury within three years are not eligible to serve on the Taxpayer Advocacy Panel.*)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Are you a current IRS or Treasury employee?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a former IRS or Treasury employee who last worked for the IRS or Treasury within three years from December 1st of the current year?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a United States citizen?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you willing to travel overnight to attend multi-day meetings/events? (Note: Panel members will be reimbursed by the IRS for authorized travel expenses.) | <input type="checkbox"/> | <input type="checkbox"/> |

**PART I. B. PANEL MEMBERSHIP REQUIREMENTS** (Note: Current IRS or Treasury employees or former employees who last worked for the IRS or Treasury within three years are not eligible to serve on the Taxpayer Advocacy Panel.)

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 5. Are you willing to serve as a volunteer Panel member for 3 years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you willing and able to commit approximately 300-500 hours of volunteer service to the Taxpayer Advocacy Panel each year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you willing to have the IRS check to make sure you are current with your Federal tax filings and financial obligations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you willing to undergo an FBI background check?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you an agent for another country who is registered or required to register under the Foreign Agent Registration Act?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you a lobbyist for a foreign entity who is registered or required to register under the Lobbying Disclosure Act of 1995? | <input type="checkbox"/> | <input type="checkbox"/> |

**PART II. DEMOGRAPHIC INFORMATION** (You are not required to provide demographic information. However, if you choose to provide the information, it will help to ensure that the Panel membership reflects the diversity and representation of the overall population. All responses are confidential.)

**Gender - check one**

- Male       Female

**Race - check one**

- Black       Native American Indian/Alaskan Native  
 White       Asian/Pacific Islander  
 Hispanic       Other (Specify):

**Language – Can you read, write or speak the following languages? Select all that apply**

- English  
 Chinese  
 Vietnamese  
 Korean  
 Russian  
 Spanish  
 Other

**Age - check one**

- 18-29 years       70-years or older  
 30-39 years  
 40-49 years  
 50-59 years  
 60-69 years

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**Household income/salary - check one**

- |  |  |
|--|--|
| <input type="checkbox"/> \$24,999 or less a year | <input type="checkbox"/> 50,000-74,999   |
| <input type="checkbox"/> 25,000-34,999           | <input type="checkbox"/> 75,000-99,999   |
| <input type="checkbox"/> 35,000-49,999           | <input type="checkbox"/> 100,000 or more |

**PART III – EXPERIENCE**

TAP Members are a diverse group of citizens who work on committees to improve the Federal tax administration system. Please address each question below in sufficient detail to enable us to assess your experience. Your experience can be both personal and professional. This information is used to determine your qualifications to be a productive member of the TAP.

1. As a member of the Taxpayer Advocacy Panel you will be assigned to committees responsible for preparing recommendations and proposals to the IRS. Please provide one or more detailed examples of your experience working as a member of a group. Describe the group's task, your role in the group, and the outcome of the task.
2. As a member of the Taxpayer Advocacy Panel you will be expected to speak with individuals and groups about the Panel and use the opportunity to get ideas and suggestions for improving IRS customer service and satisfaction. Please provide one or more detailed examples of your experience speaking to individuals or groups to communicate information about a program or initiative.
3. As a member of the Taxpayer Advocacy Panel you will present recommendations/proposals from the public to other committee members. Please provide one or more detailed examples of your experience presenting a position on a particular issue.
4. As a member of the Taxpayer Advocacy Panel you may have to present a position that you do not agree with. Please provide one or more detailed examples of your experience presenting a position you do not agree with or describe how you might handle this situation.
5. As a member of the Taxpayer Advocacy Panel you will work on problems and develop solutions to address these problems. Please provide one or more detailed examples of problems you worked on and what steps you took to resolve the problem.
6. Please provide one or more detailed examples of committees, organizations and groups (both personally and professionally) that you have been involved in that demonstrate your commitment to volunteerism. Please include the specific contributions you made.

**Computer Skills - TAP members are geographically dispersed across the nation so they must rely on current technology to communicate and work on projects from remote locations. Please indicate your proficiency using the technology below.**

***Check all that apply***

- Proficiency with navigating the Internet
- Ability to send and receive e-mail with attached documents
- Experience using software for creating or reviewing documents.

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**PART IV. CERTIFICATION** (*You must sign your application to have it considered valid.*)

I certify that I am a legal resident of the United States of America; I have fulfilled my tax obligations; I have not been involved in criminal activities; and, to the best of my knowledge and belief, all of my statements herein are true, correct, complete, and made in good faith.

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Signature

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Date