

Form **13013**  
(Revised March 2012)

Department of the Treasury — Internal Revenue Service  
**Taxpayer Advocacy Panel (TAP)**  
Membership Application

OMB No. 1545-1788

**Part I a – Personal Information**

|           |            |                |
|-----------|------------|----------------|
| Last name | First name | Middle initial |
|-----------|------------|----------------|

Home address (*street address preferred*)

|      |        |       |          |
|------|--------|-------|----------|
| City | County | State | ZIP Code |
|------|--------|-------|----------|

|                                  |               |
|----------------------------------|---------------|
| Legal resident of which US State | Email address |
|----------------------------------|---------------|

|  |  |  |
|--|--|--|
| Home phone number ( <i>include area code</i> ) | Cellular phone number ( <i>include area code</i> ) | Business phone number ( <i>include area code</i> ) |
|--|--|--|

**Employment Status**

Currently Employed    Retired (*indicate former Employer and Position/Occupation, below*)    Other (*indicate under Position/Occupation*)

Employer

Position held / Occupation

How did you hear about the IRS Taxpayer Advocacy Panel

Tell us why you want to be a member of the IRS Taxpayer Advocacy Panel

**All information provided on this form will remain Confidential.**

If you have questions, please call: 1-888-912-1227, or visit our website at: [www.improveirs.org](http://www.improveirs.org)

**Part I b – Panel Membership Requirements**

**(Note: Current IRS or Treasury Department employees or former employees who worked for the IRS or the Treasury Department during the last 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 <i>(Note: Panel members will be reimbursed by the IRS for authorized travel expenses.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 federally-registered lobbyist or 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**

**Note:** 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.

|   |  |  |  |
|---|--|--|--|
| Gender <i>(check one)</i>   |  | Ethnicity <i>(check one)</i>                     |  |
| <input type="checkbox"/> Male   | <input type="checkbox"/> Female                                    | <input type="checkbox"/> Hispanic or Latino      | <input type="checkbox"/> Not Hispanic or Latino  |
| What is your race <i>(check all that apply)</i>   |  |  |  |
| <input type="checkbox"/> White  | <input type="checkbox"/> Native American or Alaskan Native         | <input type="checkbox"/> Asian                   |  |
| <input type="checkbox"/> Black or African American  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other <i>(Specify):</i> |  |
| Language – Can you read, write or speak any the following languages <i>(check all that apply)</i> |  |  |  |
| <input type="checkbox"/> English  | <input type="checkbox"/> Chinese                                   | <input type="checkbox"/> Korean                  | <input type="checkbox"/> Other <i>(Specify):</i> |
| <input type="checkbox"/> Spanish  | <input type="checkbox"/> Vietnamese                                | <input type="checkbox"/> Russian                 |  |
| Age <i>(check one)</i>  |  |  |  |
| <input type="checkbox"/> 18-29 years  | <input type="checkbox"/> 40-49 years                               | <input type="checkbox"/> 60-69 years             |  |
| <input type="checkbox"/> 30-39 years  | <input type="checkbox"/> 50-59 years                               | <input type="checkbox"/> 70-years and older      |  |
| Household Income / Salary <i>(check one)</i>  |  |  |  |
| <input type="checkbox"/> \$24,999 or less a year  | <input type="checkbox"/> \$35,000 - \$49,999                       | <input type="checkbox"/> \$75,000 - \$99,999     |  |
| <input type="checkbox"/> \$25,000 - \$34,999  | <input type="checkbox"/> \$50,000 - \$74,999                       | <input type="checkbox"/> \$100,000 or more       |  |

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**Part III – Experience**

TAP Members are a diverse group of citizens who work on committees to improve the Federal tax administration system. Answer 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. *(If completing this form electronically, type your response under each question. If completing by hand, attach additional sheets with your responses.)*

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1. As a member of the Taxpayer Advocacy Panel you will be assigned to committees responsible for preparing recommendations and proposals to the IRS. 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.

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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. Provide one or more detailed examples of your experience speaking to individuals or groups to communicate information about a program or initiative.

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3. As a member of the Taxpayer Advocacy Panel you will present recommendations/proposals from the public to other committee members. Provide one or more detailed examples of your experience presenting a position on a particular issue.

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4. As a member of the Taxpayer Advocacy Panel you may have to present a position that you do not agree with. 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.

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5. As a member of the Taxpayer Advocacy Panel you will work on problems and develop solutions to address these problems. Provide one or more detailed examples of problems you worked on and what steps you took to resolve the problem.

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6. 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. Include the specific contributions you made.

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**Part III – Experience (Continued)**

TAP Members are a diverse group of citizens who work on committees to improve the Federal tax administration system. 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.

**Are you currently a tax practitioner in any of the following categories (check all that apply)**

- Certified Public Accountant (CPA)       Enrolled Agent  
 Tax Attorney       Paid Tax Return Preparer

**Computer Skills (check all that apply)**

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.

- Unrestricted access to a computer and ability to navigate the Internet       Ability to send and receive e-mail with attached documents       Experience using software for creating or reviewing documents

**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.

Signature of Applicant

Date

Applicants are encouraged to apply electronically from the IRS TAP website at: [www.improveirs.org](http://www.improveirs.org). Please complete and submit this application, only if you are unable to electronically apply from the IRS TAP web site.

Mail this paper application to:

**IRS TAP Office**  
Room 1509  
1111 Constitution Avenue  
Washington, DC 20224

You may also FAX the application to: 1-202-622-9382

Use your smartphone to scan this barcode. You will be directed to the Taxpayer Advocacy Panel's public website at [www.improveirs.org](http://www.improveirs.org) where more information about the Taxpayer Advocacy Panel can be found.

To scan a QR code, users must have a smartphone with a software application which can scan and decode a QR code.

**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.

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