Form **12339** (January 2015)

Department of the Treasury - Internal Revenue Service

Internal Revenue Service Advisory Council Membership Application

OMB Number 1545-1791

Complete this application and return it to the address below no later than *Close of Business* on <u>June 26, 2015</u>. You may also FAX your application to: 855-811-8021.

Internal Revenue Service
National Public Liaison - IRSAC
CL: NPL - Room 7559 IR
1111 Constitution Avenue, N.W.
Washington, DC 20224

Washington, DC 20224						
PART I – Applicant Information (So	me of t	he information request	ed in Part I is requir	red to perform an FB	l background check)	
Name		Maiden name or othe	r name(s) used	Date(s) names	Date(s) names were used	
Home street address					Home telephone number	
City			State		ZIP Code	
Date of birth (mm-dd-yyyy)	e 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 Pr	Email address	Email address	
PART II – Applicant must complete	and su	⊥ ubmit Form 13775, Ta	x Check Waiver, w	vith this form		
PART III – Desired Skills and Qualif	ication	ıs				
Submit a brief statement addressing y represent and how such dealings will a short (one or two page) statement, i following:	allow y	ou to know the view's o	or position of that pa	articular organization	or group. In addition, submit	
 Applying tax law knowledge in the re Experience developing and impleme Experience in business managemer Experience working in a multi-cultur Experience establishing successful Ability to examine issues from a "magnetic form of the result of t	enting on tand in al/multi strateg	customer service initiati mprovement. i-lingual environment. ic partnerships.	ves and tools.	r views and recomm	endations regarding issues.	

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. Additionally, 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 known as Commissioner's Advisory Group), Art Advisory Panel, Electronic Tax Administration Advisory Committee, Tax Exempt Advisory Committee or Information Reporting Program Advisory Committee? If so, include name of the councils/committees and dates of membership.

Councils/Committee name	Dates of Membership
PART VI – Applicant Acknowledgement	
I certify that to the best of my knowledge and belief, all of my statem	ents 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 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.

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. 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 return information are confidential, as required by section 6103. The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is shown below. The estimated burden for all other taxpayers who file this form is approved under OMB control number 1545-1791.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, 1111 Constitution, Ave, NW, Washington, DC 20224. Do not send the form to this address. Instead, see the return address on the form.