# Form **12339-B** (January 2015)

Department of the Treasury - Internal Revenue Service

## 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 29, 2015**. You may also FAX your application to: 855-811-8020.

Internal Revenue Service National Public Liaison CL: NPL – Room 7559 IR Attn: IRPAC Program Manager 1111 Constitution Avenue, N.W. Washington, DC 20224

PART I – Applicant Information (Son	ne of the information reques	ted in Part I is requir	ed to perform an FBI	background check)	
Name	Maiden name or oth	Maiden name or other name(s) used		Date(s) names were used	
Home street address				Home telephone number	
City		State		ZIP Code	
Date of birth (mm-dd-yyyy)	City of birth	City of birth		State of birth	
Business name					
Business address			Job title	Job title	
City		State		ZIP Code	
Business telephone number	Business FAX numb	Business FAX number		Email address	
PART II – Applicant must complete	and submit Form 13775, Ta	ax Check Waiver, w	vith this form		
PART III – Desired Skills and Qualifi	cations				
Submit a brief statement addressing yor represent and how such dealings will a a short (one or two page) statement, in following:	allow you to know the view's	or position of that pa	articular organization	or group. In addition, submit	
<ul> <li>Experience working with tax information</li> <li>Experience developing and presenting</li> <li>Experience developing and impleme</li> <li>Experience in change management</li> <li>Experience establishing successful successf</li></ul>	ng issue resolution and reco nting customer service initia and improvement. strategic partnerships.	tives and tools.	nmendations.		

#### **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 state	ements 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.