

# Taxpayer Advocacy Panel Tax Check Waiver

OMB No. 1545-1788

I am submitting this waiver to permit the Internal Revenue Service (IRS) to release information about me which would otherwise be confidential. This information will be used in connection with my application for appointment to membership in the Taxpayer Advocacy Panel (TAP) identified below. This information will also be used to verify returning members' continuing tax compliance with the terms of this waiver as a condition for continued membership. This waiver is made pursuant to 26 U.S.C. 6103(c).

I request that the IRS' designated Local Taxpayer Advocate release the following information to the appropriate IRS officials, including, but not limited to, the Director of the Taxpayer Advocacy Panel.

Name of applicant	Enter the name of the IRS Advisory Committee/Council for which you are applying or continuing in membership
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- Check One Box**
1. Have you failed to timely file a Federal income tax return by the required due date (determined with regard to any extension(s) of time for filing) for any of the last three years for which filing of a return was required?  
(NOTE: If the filing date [without regard to extensions] and normal processing period for the most recent year's return has not yet elapsed on the date IRS receives this waiver, and IRS records do not indicate a return for the most recent year, the "last three years" will mean the three years preceding the year for which returns are currently being filed and processed.)  Yes  No
  2. Have you failed to pay any tax, penalty, or interest liability during the current or last three calendar years within ten (10) days of the date on which the IRS gave notice of the amount due and requested payment  Yes  No
  3. Are you now or have you ever been under investigation for a misdemeanor or criminal offenses  Yes  No
  4. Have any civil penalties for fraud been assessed against you during the current or last three calendar years  Yes  No
  5. If a return for any of the last three years was not filed, please explain why in the Comments Section below. If there was insufficient income to meet filing requirements or filing requirements were met by filing with a foreign tax agency (e.g., Puerto Rico or the Virgin Islands), please describe the circumstances in the Comments Section below.

**Comments** (If you answered "Yes" to question 1, 2, 3, or 4, provide your explanation below. You may also use this space to address any other tax compliance issue you believe is pertinent to this application.)

Names and addresses shown on last three returns (if different from the information provided in the Applicant Address and Signature section on page two).

Year	Name(s)	Address
1. 20__	_____	_____
2. 20__	_____	_____
3. 20__	_____	_____

If you are self-employed, provide the Business Names and Employer Identification Numbers (EIN) associated with any self-employment for the past three years

Business Name	Employer Identification Number

### Applicant Address and Signature

I am signing this waiver to permit the Internal Revenue Service (IRS) to release information about me which would otherwise be confidential. This information will be used in connection with my application for/appointment to/membership in the Taxpayer Advocacy Panel. This waiver is made pursuant to 26 U.S.C. 6103(c).

I request that the IRS' Office of Governmental Liaison and Disclosure release the following information to the appropriate IRS officials.

I authorize the IRS to release any additional relevant information necessary to respond to the question above. To help the IRS find my tax records, I am voluntarily giving the following information (*please type or print*).

Applicant name	Social Security Number	
Home address		
City	State	ZIP code
Home telephone number	Business/Work telephone number	
Applicant signature	Date signed	

*(Signature of the applicant authorizing the disclosure of confidential tax information.)*

*(This consent is valid only if received by the IRS within 120 days of this date.)*

### If married and filing a Joint Return (*Spouse must complete the following information*)

Spouse's name	Social Security Number	
Spouse's signature	Date signed	

*(If married and filing a Joint Return - Spouse's Signature is required.)*

*(This consent is valid only if received by the IRS within 120 days of this date.)*

### Privacy Act Statement

The Privacy Act of 1974 requires that when we ask you 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 you for the information is 5 U.S.C. 301 and Executive Order (E.O.) 9397. We are asking for this information to determine your suitability as an employee (direct hire or contracted), consultant or advisor of the Internal Revenue Service.

If you do not provide us with this information, it may adversely affect our ability to consider you. Any adverse information will be shared with the appropriate IRS office(s) and may be disclosed to other federal agencies as required by law. Requesting you Social Security Number, under authority 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.