	Department of the Treasury - Internal Revenue Service	
Form 13768	Electronic Tax Administration Advisory Committee	OMB Number
(March 2018)	Membership Application	1545-2231

Complete this application and return it to the address below by Thursday, May 10, 2018.

You may also fax your application to: 855-811-8020.

Internal Revenue Service National Public Liaison Attn: ETAAC Program Manager (Room 7559) CL:NPL 1111 Constitution Ave, NW Washington, DC 20224

Part I	- /	Applicant	Information	(Some of the	information I	requested ir	Part I	is required to	perform an FE	31 bac	ckground chec	k)

Name	Maiden name	/other name(s) used	Date(s) name(s) were used		
Home address				Home telephone number	
City	State		ZIP code		
Date of birth (mm-dd-yyyy) City of birth		I	State of b	l rth	
Business name					
Business address		Job title			
City		State		ZIP code	

Dart II	Applicant muct	complete and cubr	nit Earm 12775	Tax Chack Waiyor	with this form
rait II -	Applicant must	complete and subl	nit Form 13775,	Tax Check Waiver,	with this form

Business FAX number

Part III - Desired Skills and Qualifications (Complete the remainder of this section)

Submit a brief statement addressing your past or current affiliations and dealings with a particular organization or group that you represent and how such dealings will allow you to know the view's or position of that particular organization or group. In addition, submit a short (one or two page) statement, including recent examples, addressing your specific skills, experience, and qualifications as they relate to the following:

Email address

- Experience in cybersecurity and information security
- Experience in tax software development
- Experience in tax preparation
- · Experience in payroll and tax financial product processes
- · Experience in systems management and improvement
- Experience in implementation of customer service initiatives
- Experience in consumer advocacy and public administration
- Ability to examine issues from a macro viewpoint, and effectively communicate recommendations

Part IV - Applicant Resume

Business telephone number

Attach a copy of your resume, to include prior Treasury and/or IRS employment, state position(s), title(s), and dates of employment. In addition, list professional credentials, membership in professional organizations, and local liaison activities with IRS, if applicable.

Have you ever been a member of the Internal Revenue Service Advisory Council, *(formerly known as the Commissioner's Advisory Group)*, Art Advisory Panel, Electronic Tax Administration Advisory Committee, Tax Exempt Advisory Committee, Taxpayer Advocacy Panel, or Information Reporting Program Advisory Committee? If so, please include the name of the councils/committees and dates of membership.

Council/Committee Name	Dates of Membership			

Part VI - Applicant Signature

I certify that to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

Signature

Date signed

Privacy Act and Paperwork Reduction Act Notice

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 Electronic Tax Administration Advisory Committee (ETAAC).

Supplying the information is voluntary and not directly required by law, but facilitates the processing of your application for membership in the ETAAC. 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.

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 1545-2231.

Preparing, copying, assembling, and sending the form to the IRS 1 hour., 30 mins.

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.