

Application for Security Summit Membership

You may fax your application to: 855-811-8020
Or send by mail to: Internal Revenue Service National Public Liaison
Room 7559 CL:NPL
1111 Constitution Ave, NW
Washington, DC 20224

Part I: Applicant Information

Agency/Organization name

Agency/Organization address

City	State	ZIP code	Business telephone number
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Contact name

Address

City	State	ZIP code
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E-mail address	Telephone number	Job title
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Part II: Required Criteria and Qualifications

See the attached membership criteria document to determine the appropriate categorization which best aligns with your agency or organization and submit a short (one to two page) statement (Statement of Interest) describing your agency's or organization's role, mission and functional responsibilities within the tax ecosystem. Also indicate your expectation of the Security Summit including your anticipated contribution and benefits expected. This application is to be signed by the Head of Agency/Senior Executive of the respective Agency/Organization.

Select the membership category you are applying for

- | | |
|---|--|
| <input type="checkbox"/> State/City | <input type="checkbox"/> Software developer/Electronic Return Originator (ERO) |
| <input type="checkbox"/> Financial services | <input type="checkbox"/> Payroll reporting agents |
| <input type="checkbox"/> Endorsing organization | <input type="checkbox"/> Other |

Part III: 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. I have read, understand and attest that my agency/organization meets the criteria required for Security Summit membership. I agree to immediately notify the designated IRS Official when adding or removing representatives from our organization/agency participating in Security Summit activities.

Name (print/type)	Title
Signature	Date

Paperwork Reduction Act Notice

This information is solicited under authority of 5 U.S.C. 301, 26 U.S.C. 7801 and 26 U.S.C. 7803. The primary purpose of this form is to process applications for membership. Providing this information is voluntary. Not providing all or part of the information may affect the application process. 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. 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: 5 minutes.

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