Internal Revenue Service Advisory Council Membership Application

Please complete this application and return it to the following address no later than CLOSE OF BUSINESS on June 15, 2007.

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

You may also fax your application to: 202-927-5253

PART I – Applicant Information (Se	ome of the information requ	uested in Part I is requi	ired for your FBI back	kground check)	
Name	Maiden name or o	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			
City		State		ZIP Code	
Business telephone number	Business FAX nur	mber	E-mail address		
PART II – Applicant must complete	and return Form 12339-	A, Tax Check Waiver,	with this form		
PART III - Desired Skills and Quality	fications				
Please submit a short (one or two page relate to the following:	ge) statement, including red	cent examples, addres	sing your specific ski	ills and qualifications as they	
Applying tax law knowledge in the	resolution of complex tax is	ssues.			
Experience developing and implem	nenting customer service in	itiatives and tools.			
Experience in business manageme	ent and improvement.				
Experience working in a multi-cultu	ral/multi-lingual environme	nt.			
Experience establishing successfu	strategic partnerships.				
Ability to examine issues from a "m	nacro" viewpoint, and effect	tive communicate your	views and recomme	ndations about these issues	
PART IV – Applicant Resume					
Please attach a copy of your resume, employment. In addition, list profession applicable.					
PART V – Other IRS Councils/Com	mittees				
Have you ever been a member of the Electronic Tax Administration Advisor Committee? If so, please include name	y Committee, Tax Exempt	Advisory Committee o	r Information Reporti		
Councils/Committee name			Dates o	of Membership	

PART VI – Applicant Acknowledgement				
I certify that to the best of my knowledge and belief, all of my statements 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 IRS Advisory Council.

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. 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.