

Information Reporting Program Advisory Committee Membership Application

Please complete this application and return it to the address below no later than *Close of Business* on **May 31, 2011**.
You may also fax your application to: 202-622-8345.

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 *(Some of the information requested in Part I is required to perform an FBI background check)*

Name	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 <i>(mm-dd-yyyy)</i>	City of birth	State of birth	
Business name			
Business address			Job title
City	State	ZIP Code	
Business telephone number	Business FAX number	E-mail address	

PART II – Applicant must complete and submit Form 13775, Tax Check Waiver, with this form

PART III – Desired Skills and Qualifications *(Federally-registered lobbyists cannot be members of the IRPAC)*

Please 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, please submit a short *(one or two page)* statement, including recent examples, addressing your specific skills and qualifications as they relate to the following:

- Experience working with tax information reporting.
- Experience developing and presenting issue resolution and recommendations.
- Experience developing and implementing customer service initiatives and tools.
- Experience in change management and improvement.
- Experience establishing successful strategic partnerships.
- Ability to examine issues from a macro viewpoint, and effectively communicate recommendations.

PART IV – Applicant Resume

Please attach a copy of your resume, including 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.

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, please 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 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 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.